



FAYETTE COUNTY
COMMUNITY HEALTH ALLIANCE

Community Health Needs Assessment

December 2024



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The Fayette County Community Health Needs Assessment (CHNA) is a collaboration among local agencies dedicated to improving the health and quality of life of its community members. The assessment captures the current health concerns and strengths of the county. The support and engagement of the Fayette County community, by participating in interviews and providing input during the survey and public comment process, was invaluable for this assessment. For this, we offer wholehearted thanks.

Adena Health and Fayette County Public Health contracted with the Hospital Council of Northwest Ohio to collect, review and validate the secondary data for this assessment.

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EXECUTIVE SUMMARY

What is the Fayette County Community Health Assessment?

A community health assessment (CHA), also known as community health needs assessment (CHNA), is a comprehensive and systematic data collection and analysis process designed to inform communities of top health needs and priorities to drive effective planning to result in positive change. Evidence-based practice indicates that multisector collaborations should support shared ownership of all phases of community health improvement, including assessment, planning, investment, implementation, and evaluation to realize healthy communities. The Fayette County Community Health Alliance, in collaboration with Adena Health, completed the last community health needs assessment in 2021. In 2024, the Alliance reviewed the previous assessment and implementation plans. Additional data sets were added to improve community knowledge of strengths and opportunities to improve health in the county.

How was the CHA developed?

For this assessment, the FCHC utilized the Center for Disease Control (CDC) and National Association of City and County Health Officials' (NACCHO) Mobilizing Action through Planning and Partnership (MAPP) processes. MAPP is a process that guides the assessment of the community's health needs and development of a community health improvement plan (CHIP). The assessment portion of the process includes a four-part strategy focused on collecting qualitative and quantitative data from both primary and secondary sources to identify community themes and strengths, community health status, and forces of change in the community, as well as the assessment of the local public health infrastructure. Two-hundred sixty seven (267) public surveys, 10 local stakeholder interviews were conducted, and demographic, socio-economic, health outcomes and factors data were also obtained to create the assessment. Focus groups were held with Fayette County senior citizens, Fayette County Rotary, Miami Trace Superintendent Council and meeting with local high school health classes.



Figure 1: Community Health Assessment Process

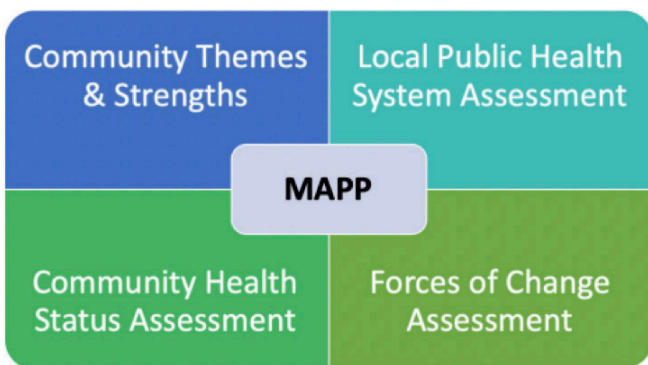


Figure 2: MAPP Four-Part Comprehensive Assessment Process

Key Findings

Survey respondents were asked a total of 71 possible questions regarding their opinions on the quality of life in the Fayette County community, including services, environmental factors, and community needs, as well as questions related to health behaviors, personal experiences, and lifestyle. All survey respondents were anonymous. Only surveys from respondents who reside in Fayette County were accepted. Responses from individuals less than 18 years of age were not accepted and were excluded in the final analysis as well, as surveys that were incomplete. Several themes emerged from those responses in the areas of health outcomes, health factors, social factors, and health-related education needs.

The last community health assessment was completed in 2021 during the COVID-19 pandemic. At that time, COVID-related concerns were among the top health concerns. For the 2024 assessment, Fayette County residents and stakeholders varied on the ranking of the leading concerns; however, common threads did emerge. Health related areas of concern across all groups were: mental health, general wellness/prevention (exercise, nutrition), and disease management. Social factors were also noted in this survey including substance use, interpersonal violence, and housing.

Other Significant data points:

- 62% of people feel it is a good place to raise children.
- 44% of people feel Fayette county is a good place to grow old.
- Low income/poverty is a concern for 36% of people.
- 21% feel that there is a need for more affordable/better housing
- Over 30% of people said they don't have enough time to exercise
- Nearly 22% live in a home with someone that is verbally abusive

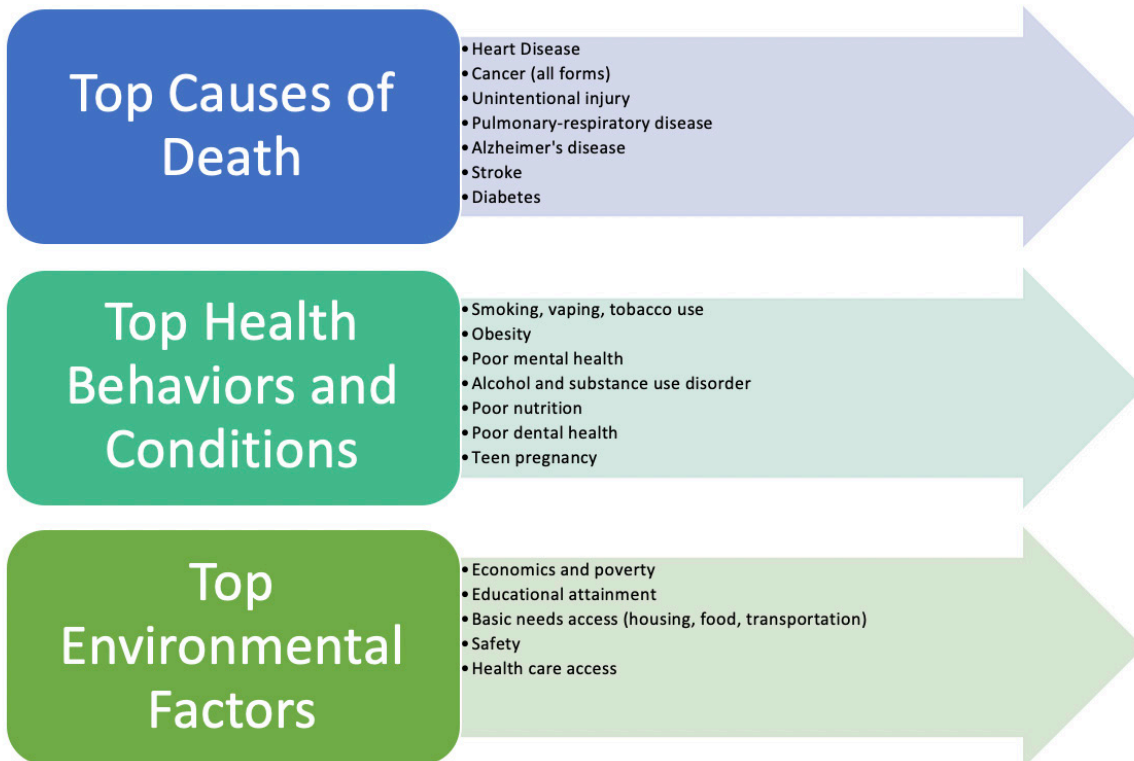
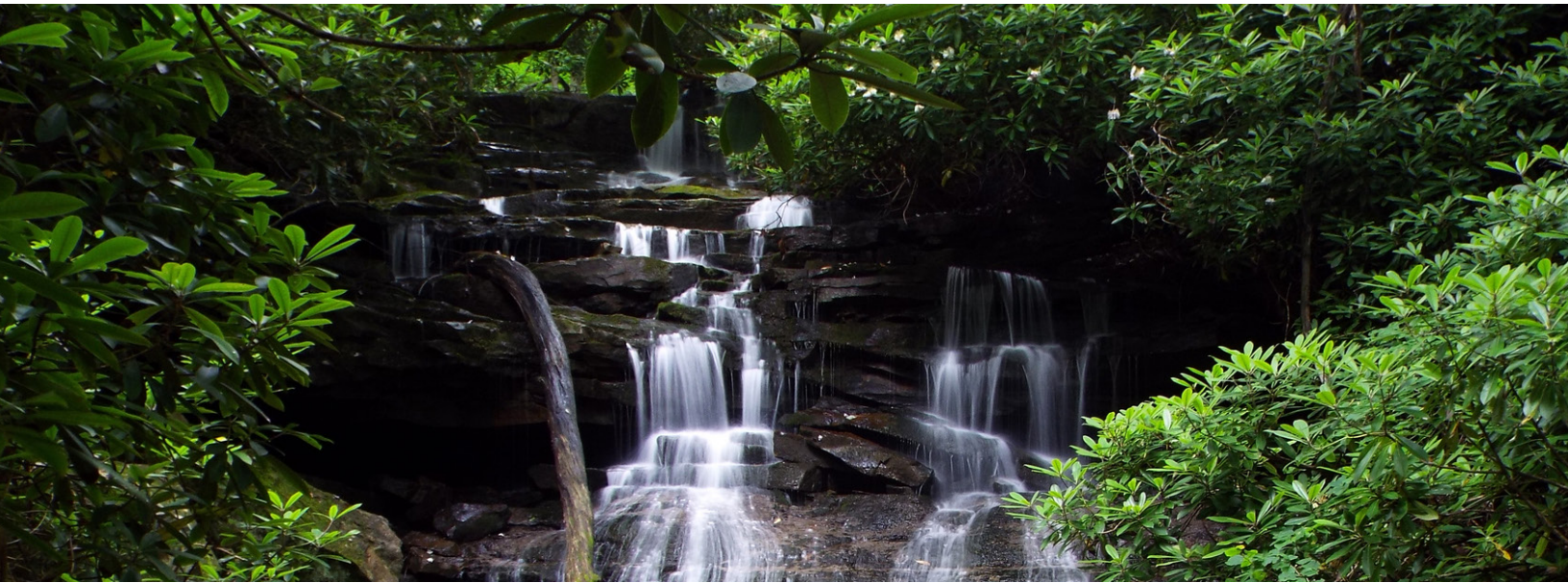


Figure 3: Leading Fayette County Health Focus



PURPOSE AND OVERVIEW

Introduction

The term “health” embodies a multi-faceted concept, particularly from a community perspective. An individual’s health is measured by the presence and/or severity of illness; whether they engage in behaviors that are a risk to their health, and if so, the length of time that the behavior has occurred. It can also be measured by asking individuals to report their personal perception of their overall health. The health of an entire community is measured by collecting and compiling individual data. Commonly used measurements of population health status are morbidity (incidence and prevalence of disease) and mortality (death rates). Socioeconomic data is usually included as it relates to the environment in which individuals live. A particular population’s level of health is usually determined by comparing it to other populations, or by looking at health-related trends over time.

Everyone in a community has a stake in health. Poor health is costly to people trying to maintain employment, and employers pay for it via high rates of absenteeism and higher health insurance costs. Entire communities can suffer economic loss when groups of citizens are ill. As a result, everyone benefits from addressing social, environmental, economic, and behavioral determinants of health.

Health status is closely related to a number of socioeconomic characteristics. Individuals of various socioeconomic status show different levels of health and incidence of disease, while race and culture matter in complex ways. Zip code areas, social, and economic variables have been shown to impact health including life expectancy, income, education, and employment, as well as literacy, language, and culture.

Health literacy is a concept that links a person’s level of literacy with their ability to understand and act upon health information and, ultimately, to take control of their health. Individuals with poor health literacy are at risk for poor health outcomes, when important health care information is communicated using medical jargon and unclear language that exceed their literacy skills. Those individuals can have issues reading and comprehending materials, such as prescription bottles, educational brochures, and nutrition labels, and are thus more likely to have higher rates of complications than people who are more literate.

A comprehensive community health needs assessment (CHNA) can provide a better understanding of a population’s health needs. Provisions of the Patient Protection and Affordable Care Act (ACA) requires all 501(c)3 health systems operating one or more hospitals, as well as federally

qualified health centers (FQHCs), to complete a CHNA every three years. All public health districts are required to complete health needs assessments every five years. The purpose is to provide a community health continuum with a foundation for community health-planning and to provide information to policymakers, provider groups, and community advocates for improvement efforts, including the best ways to direct health-related grants and appropriations.

Obtaining information and views from community members is one of the most important aspects of the community health needs assessment. This involves surveying a percentage of the community to determine which health problems are most prevalent and to solicit their ideas concerning strategies to address these problems. It also explores the factors that impact the design of programs and services to effectively address the identified health problems on a broader scope.

The United States Department of Health and Human Services established five overarching health goals for the year 2030:

1. Attain healthy, thriving lives and well-being free of preventable disease, disability, injury, and premature death.

2. Eliminate health disparities, achieve health equity, and attain health literacy to improve the health and wellbeing of all.

3. Create social, physical, and economic environments that promote attaining the full potential for health and well-being for all.

4. Promote healthy development, healthy behaviors, and well-being across all life stages.

5. Engage leadership, key constituents, and the public across multiple sectors to take action and design policies that improve the health and well-being of all.

To achieve these goals, a comprehensive set of objectives were established (Healthy People 2030), with 23 leading health indicators arranged with 358 objectives to measure health over a 10-year period (Figure 4). Those indicators, selected for their ability to motivate action, the availability of data to measure progress, and their importance as health issues for the public, influenced the development of the Fayette County CHNA.



Figure 4: Healthy People 2030 Focus Area

State Health Improvement Plan (SHIP)

The State Health Improvement Plan (SHIP) is a tool developed by the Health Policy Institute of Ohio with the Ohio Department of Health to strengthen state and local efforts to improve health, well-being and economic vitality in Ohio. With the long-term goal of ensuring all Ohioans achieve their full health potential, the SHIP takes a comprehensive approach to achieving equity and addressing the many factors that shape our health, including housing, poverty, education and trauma. The SHIP is Ohio’s roadmap to address the many challenges identified in the State Health Assessment (SHA).

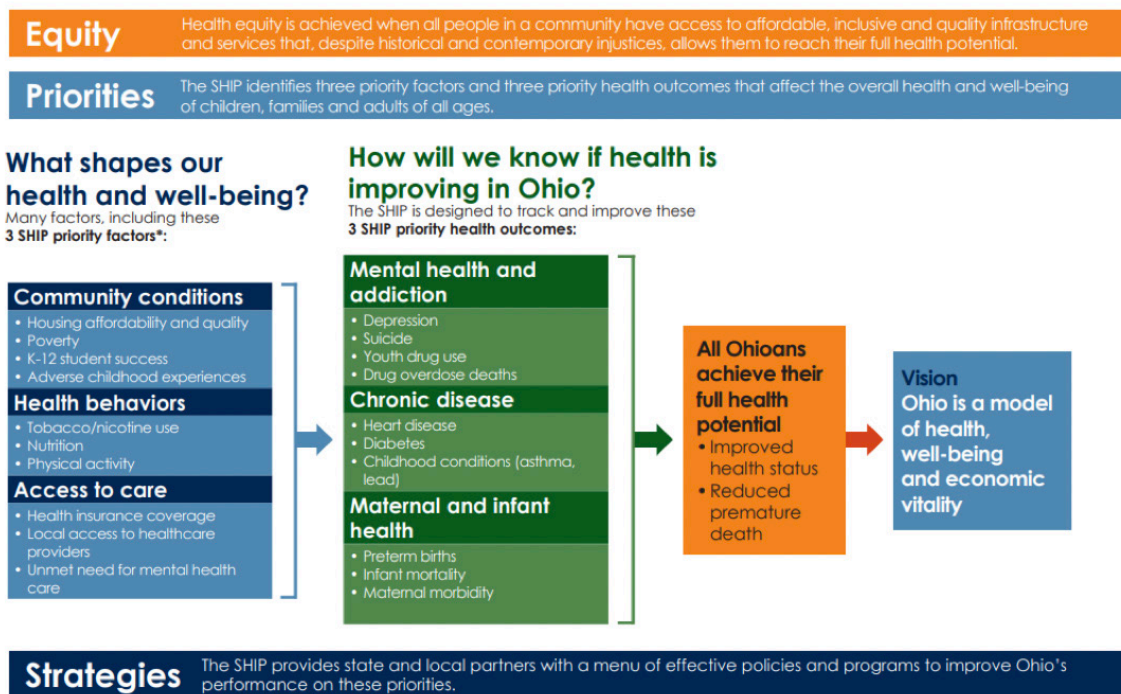
With a vision that Ohio becomes “a model of health, well-being and economic vitality,” the SHIP is designed to be implemented by a wide range of public and private partners. Partners contributing to achieving the vision include: state agencies/organizations; hospitals; local health departments; Alcohol, Drug & Mental Health (ADAMH) boards; agencies on aging; boards of developmental disabilities; community behavioral health providers; employers and workforce development organizations; housing organizations; Medicaid managed care plans; schools; philanthropic;

and other local agencies/organizations. The menu of objectives and strategies in the SHIP offers flexible options for rural, Appalachian, suburban and urban communities. It also strives to improve outcomes for Ohioans of all ages.

The Ohio Department of Health has aligned statewide community health planning with the Healthy People 2030 approach. With the long-term goal of ensuring that all Ohioans achieve their full health potential, the Ohio SHIP takes a comprehensive approach to achieving equity and addressing the many factors that shape our health, including housing, poverty, education, and trauma (Figure 5).

The SHIP is a tool to strengthen state and local efforts to improve health, well-being, and economic vitality in Ohio. The Fayette County Health Alliance focused on several local CHIP priorities with the SHIP. The SHIP’s main components are:

- Six priorities, including three factors and three health outcomes
- 37 measurable objectives; a menu of evidence-informed strategies
- An evaluation plan to track and report progress



* These factors are sometimes referred to as the social determinants of health or the social drivers of health

Figure 5: SHIP Framework for Ohio (Source: Health Policy Institute of Ohio & Ohio Department of Health, n.d.)

Factors of health

There are many modifiable factors that influence overall health (Figure 6). These factors are sometimes referred to as the “social determinants of health,” or the “social drivers of health.” Historically, clinical care was the focus to improve health. Unfortunately, clinical care factors such as access and quality of care only drives approximately 20% of health outcomes. The other factors – health behaviors, social conditions, economic factors and physical environment drive the remainder of health outcomes. The SHIP framework and process addresses many of these drivers, including housing, poverty, education, health behaviors and health care access. Underlying drivers of inequity are: poverty, racism, discrimination, trauma, violence, and toxic stress.

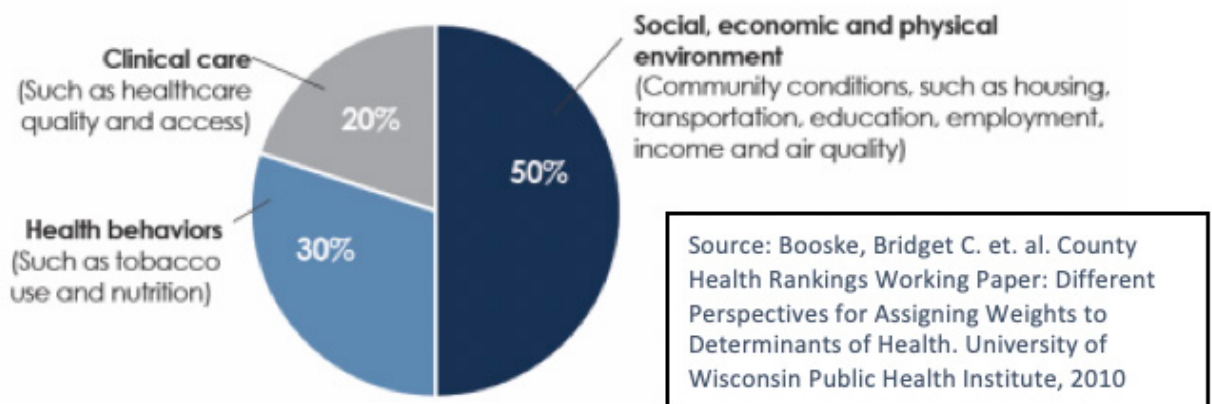


Figure 6: Factors that influence health

The Ohio Department of Health and other state agencies use the SHIP to guide policy and funding decisions that support SHIP objectives. The purpose of the SHIP is to get a wide range of public and private partners across the state rowing in the same direction to improve well-being. Local health departments and behavioral health providers, for example, can contribute to school district efforts to reduce chronic absenteeism by reducing asthma triggers and providing mental health early intervention services. Health systems can direct community benefit investments to support the goal of increasing affordable housing units. Working together, all partners can increase the effectiveness of their investments.

Fayette County Community Health Alliance

The Fayette County Community Health Alliance is a collaborative, community-based group whose efforts are aimed at improving the quality of life for residents of Fayette County. The coalition, organized with a memorandum of understanding (MOU), is structured with a steering committee and subcommittees focused on specific health priorities. There is representation from the following agencies:

- Adena Fayette Medical Center
- American Red Cross
- Community Action Commission of Fayette County/Fayette County Transportation
- Fayette County Board of Developmental Disabilities
- Fayette County Community Action
- Fayette County Commission on Aging
- Fayette County Commissioners
- Fayette County Coroner
- Fayette County Emergency Management Agency
- Fayette County EMS
- Fayette County Farmers' Market
- Fayette County Homeless Shelter
- Fayette County Job and Family Services
- Fayette County Public Health
- Fayette County Sheriff's Office
- Fayette County Parks and Trails
- Fayette County YMCA
- Fresenius Kidney Care
- Jefferson Township EMS
- Medical Reserve Corps
- Miami Trace Local Schools – Superintendent
- Ohio Hospice of Fayette County
- Ohio State University Extension – Fayette County
- Paint Valley ADAMH Board

- Peace House
- Public Health EPI – Union County (contracted)
- Rose Avenue Dream Center
- Scioto Paint Valley Mental Health
- St. Catherine's and Court House Manor LTC
- Washington Court House City Schools – Superintendent

Coalition efforts are driven by a vision of educating and empowering individuals and families in order to achieve a thriving, engaged and resilient community. Keeping in mind the values of collaboration, integrity, equity and equality, the Fayette County Community Health Alliance is focused on raising awareness and ultimately improving the health and wellness of the residents of Fayette County through the ongoing cooperation and focus of its community leaders, local health care providers, and citizens. By working through socioeconomic issues of Fayette County residents, this will be achieved.

The Fayette County Community Health Alliance utilized the data-driven Mobilizing Action for Planning and Partnership (MAPP) process developed by the National Association of City and County Health Officials (NACCHO) and the Centers for Disease Control (CDC). To prioritize key public health issues, a six-phase process is utilized that includes a four-part community health needs assessment; an in-depth analysis of current community trends, gaps, and resources with which to comprehensively evaluate the current state of health in Fayette County. Data collected will be used to develop the community health improvement plan (CHIP).

Planning process

The Community Health Needs Assessment was completed through a comprehensive process of data collection and evaluation utilizing the MAPP process. The data for this report reflects only Fayette County. Both qualitative and quantitative data were collected from primary and secondary sources. Data was collected in four categories (Figure 7): community themes and strengths; Local public health system; community health status; and forces of community change. To finalize specific health-related priorities, information was compiled and evaluated by the Fayette County Community Health Alliance, hospital, and public health work teams. The published assessment completed as part of these efforts, is intended to inform decision makers and funders about the challenges Fayette County faces to improve community health, and the priority areas where support is most needed. The information is also intended to be a useful planning tool for community organizations.

Methods

Quantitative and qualitative methods were used to collect information for this assessment. Quantitative data collected includes demographic data for the county's population, vital statistics such as birth and death rates, and disease prevalence for the county as a whole. In addition, an inventory of all community health related infrastructure was taken and mapped utilizing GIS technology. Qualitative data for this report was collected to provide greater insight into the issues experienced by the population. Data includes opinions expressed from a widely distributed community health survey - which received 267 responses - as well as community stakeholder interviews and community focus groups.

Sources

Primary and secondary data sources were used as part of the needs assessment, coming from internal and external sources. Internal data came from within the health system/hospital (patient population data) and external from outside the health system/hospital (county and state). The primary data gathered includes new information that may be used to investigate and help solve a problem. An example of this would be the percentage of survey participants who ranked obesity as a top-10 health problem. Secondary data are the statistics and other data already published or reported to government agencies. An example of this would be rates of childhood obesity.

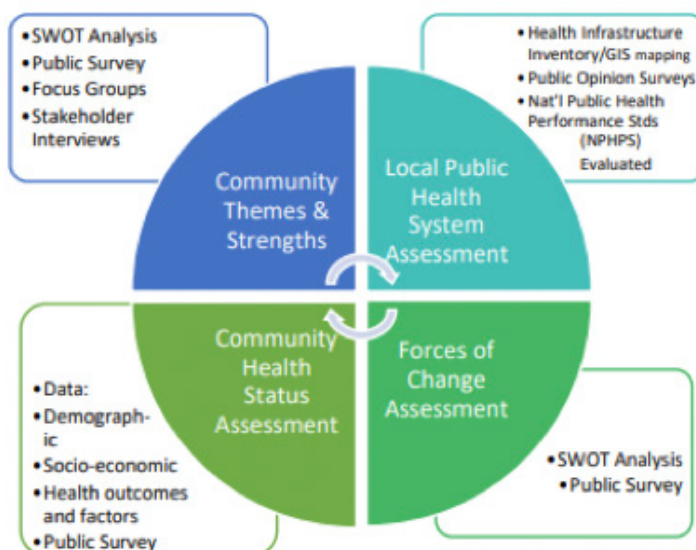


Figure 7: MAPP Four-part Comprehensive Assessment Process

DATA RESOURCES

Primary data: Community input

Primary methods used in the assessment process for collecting input from the community were a community survey, key stakeholder interviews and community focus groups.

Community questionnaire: A questionnaire was developed for the general public, which queried respondents about the most important health needs, common barriers, and habits they used to maintain their own personal health (See Appendix). The survey was distributed in hard copy by member agencies and community partners to a variety of locations in Fayette County where the groups of interest would best be reached. These included local food banks, social service providers, community health clinics, Fayette County Community Health Alliance participating agencies, farmers' market, Fayette County Fair and Adena Health physician offices. In addition, the survey was made available broadly through an electronic Survey Monkey®, as well as paper format. Notices about the online version with its link were posted on member agency's websites, social media pages, published via social media and emailed to members of local business, government, civic groups, schools, and universities. The hard-copy survey data was entered into the electronic Survey Monkey® by Fayette County Public Health.

Stakeholder Interview: An interview script was developed for the community leaders in the public / private sector, which asked participants their opinions on the community's strengths, major challenges and what is needed to improve the health of the community (See Appendix). Ten stakeholders were interviewed by representatives of the Fayette County Community Health Alliance work team. Responses were reviewed for themes and consensus results.

Focus Groups: An interview script was developed to guide facilitation of focus groups held in Fayette County that included: Fayette County senior citizens, Fayette County rotary, and Miami Trace student groups (Superintendent Council and health classes).

Secondary data: Publicly available statistics

Existing data were collected from all applicable local, state, and federal agency sources, including public health agencies (e.g., Ohio Department of Health, Ohio Department of Job and Family Services, U.S. Department of Labor, U.S. Census Bureau). These data include demographics, economic and health status indicators, and service capacity/availability. Local data on health infrastructure, including an inventory of all health care providers, nutrition, fitness and social support was also taken as part of the public health system review and mapped utilizing GIS technology to create a visual on health resource gaps in the community. This was also compared with local health system population health data to identify disparities in available resources.

While data at the national and state level are generally available for community health-related indicators, local data - from counties and cities - are less accessible and sometimes less reliable. Some data from publicly available sources typically lags by at least two years because it takes time for reported data to be received, reviewed, approved, analyzed, and prepared for presentation.

CHIP PLANNING

Process

The Community Health Improvement Plan (CHIP) is to be developed in cooperation with the Fayette County Community Health Alliance. Based on the State of Ohio County health rankings, Fayette County Public Health will collaborate with the Alliance to update priorities from the 2022 CHIP, assess progress, and strategize future desired outcomes.

In 2025, the Alliance will utilize the 2024 CHA to identify community need around a number of health issues in Fayette County. This will include: improving systems; creating collaborations; and seeking resources to increase community capacity to improve health.

The Fayette County Public Health and Adena Health with support from other member agencies of the Fayette County Community Health Alliance will integrate a framework to distinguish CHIP priorities. The Mobilizing for Action through Planning and Partnerships (MAPP) framework is a community-driven strategic planning tool for improving community health. The six MAPP phases are: organizing, visioning, assessments, strategic issues, goals/strategies, and the action cycle.

Priorities

Two hundred sixty seven (267) community stakeholders participated in an electronic survey via Survey Monkey®, to prioritize the top health needs from the assessment. Fayette County Public Health was instrumental in this process and county priorities are aligned with the State Health Improvement Plan (SHIP). Fayette County’s CHIP priorities include: mental health, substance abuse, access to care, chronic disease, and general health and wellness.

The Fayette County Community Health Alliance will select priorities. Subcommittees will be formed to focus on efforts toward progress within each of the areas. Each subcommittee will include a member from Fayette County Public Health and Adena Health who will guide, monitor, and assist in the development of the strategies necessary to measure performance of the priorities. The specific goals and objectives developed around each priority, as well as the progress made to date in each will be included. The following are the priority areas from Fayette County’s 2022 CHIP (Figure 8). The Community Health Alliance will amend the priorities and goals as needed using the results of this assessment. The initial assessment results from the 2024 CHA were shared with community members, who were asked to prioritize the top challenges, concerns, or topics in each category.

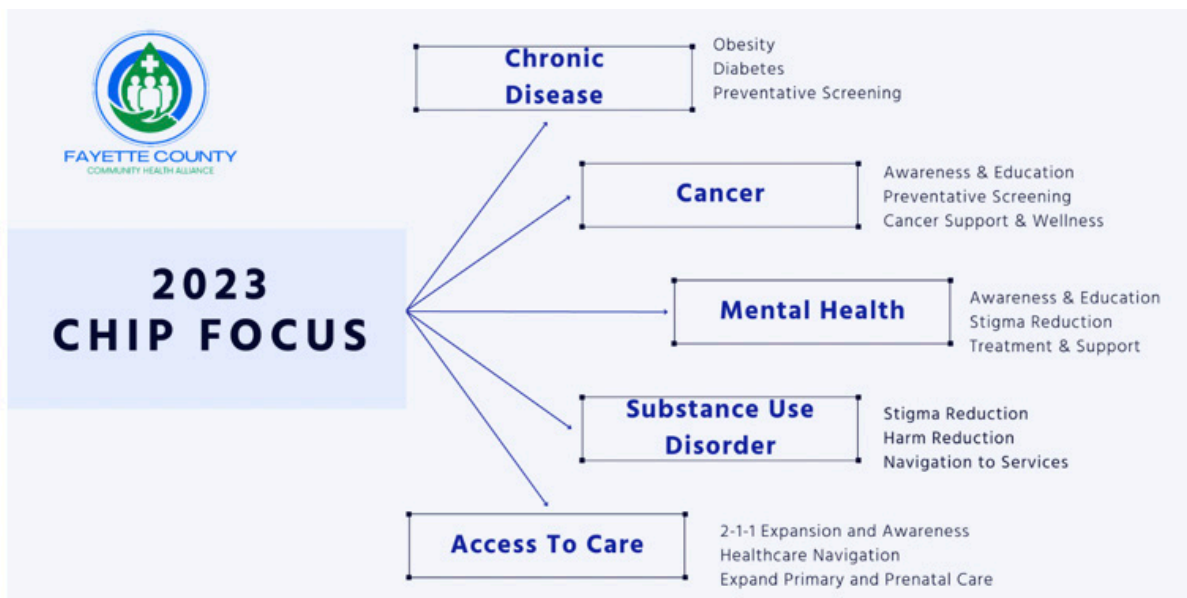


Figure 8: 2023 Fayette County CHIP Priorities

Priority area 1: Chronic illness prevention, education and management *

GOAL: Establish a baseline and increase utilization of chronic illness risk management.

Performance measures: How will we know we are making a difference?

Short-term indicators	Source	Frequency
An increase in referrals and engagement in classes and an increase in classes offered	Program tracking	Quarterly
Long-term indicators	Source	Frequency
Show a decrease in the number of pre-diabetics who become diabetic	County health data	Annually
Show a decrease in individuals who have complications from poor diabetes management	County health data	Annually

Table 1 CHIP priority area - Chronic illness

Priority area 2: Cancer prevention, education and management

GOAL: Decrease cancer mortality through increased education opportunities and preventative screening opportunities.

Performance measures: How will we know we are making a difference?

Short-term indicators	Source	Frequency
More providers will educate patients on preventative screening	Program tracking	Quarterly
Long-term Indicators	Source	Frequency
Lower breast, prostate, lung and colon cancer mortality rates	ODH Data	Annually
Increased rates of mammograms, colonoscopies, lung CT scans, and prostate exams	ODH Data	Annually

Table 2 CHIP priority area - Cancer prevention

Priority area 3: Mental health		
GOAL: Reduce stigma surrounding mental health and seeking support		
Performance Measures: How will we know we are making a difference?		
Short-term Indicators	Source	Frequency
Increase the number of individuals seeking counseling/treatment	Compile data	Annual
Long-term Indicators	Source	Frequency
Decrease the number of poor mental health days reported	County health rankings	Annually
Decrease the suicide rate in Fayette County	ODH Data	Annually

Table 3 CHIP priority area - Mental health

Priority area 4: Substance use disorder*		
GOAL: Increase the number of individuals in long-term recovery		
Performance measures: How will we know we are making a difference?		
Short-term indicators	Source	Frequency
Increase the number of individuals seeking treatment	Compile data	Annual
Decrease the number of overdoses in the county	Health department	Quarterly
Long-term indicators	Source	Frequency
Decreased rate of substance use disorder	County health rankings	Annually

Table 4 CHIP priority area - Substance use disorder

COMMUNITY PROFILE

Fayette County, Ohio

Fayette County is located in rural, south central Ohio (Figure 9). The county covers 406 square miles, of which only six percent is used for residential, commercial or industrial purposes (Ohio Office of Research, 2020). About 5% of the land is forested and 88.25% of land in the county is used for farming crops and livestock pasture.

More than half of Fayette County land, 204,254 acres is used for farming. The county is home to 491 farms, with the average size of each farm being 416 acres. Total cash receipts attributed to farming brings \$127 million to the county's economy, with an average income per farm being just over \$259,000. In addition, the local health care systems provide the most employment opportunities in the county.

The population of Fayette County is 28,817 (U.S. Census 2023). Approximately 14,091 people live in the county seat, Washington Court House. It is part of the 10th Congressional District and contains the population patterns and distinct economic conditions inherent of a rural farming region in the U.S. Midwest. The county is home to several manufacturers and regional distribution centers including: YUSA, a direct Honda Motor Company supplier; and Walmart, a major county employer with a large regional distribution facility located in Washington Court House. Challenges include educational attainment – 14% of the adult population does not have a high school diploma; and the area is low in diversity.

Nearly 14% of Fayette County families live below the federal poverty level; with more than 53% of the Fayette County households earning less than \$50,000 per year. Educational attainment is considerably lower than the state and national averages with approximately 16% having a four-year college degree or higher.



Figure 9: Fayette County, Ohio

Community Snapshot

Population: 28,817

Percent with four year college degree or higher: 16%

Median household income: \$56,900

Families living below poverty level: 14%

Median gross rent: \$772 (most recent number is from 2022)

2024 Unemployment Rate: 3.9%

Community resources and infrastructure

Fayette County has many fun places to play and explore! There are trails for biking, running, and walking that connect to Ross County. One trail goes through the Shaw Wetlands, where you can see lots of plants, flowers, animals, and birds.

Along the trails, there are two community parks with pickleball courts, a splash pad, a skate park, and dog parks. There's also a one-mile walking path around a water reservoir near the YMCA.

In Washington Court House, you can play on an 18-hole disc golf course near the city water plant. There are public golf courses in Washington Court House and near New Martinsburg. Jeffersonville has a public swimming pool that families can enjoy in the summer.

The YMCA offers fitness programs and a gym and there are also private gyms for people who want to exercise. There's also a Fayette County

History Geocache Trail with 13 hidden caches at important historical sites. You can join informal running clubs and exercise groups, too!

From May to October, Fayette County has an active Farmers' Market that sells healthy food. They help people access food through community programs. The YMCA and library also have community gardens. There are nine food pantries in the county that help people with food and other necessities.

Fayette County also has three shelters for people who are experiencing homelessness.



2024 data review

The Fayette County Community Health Alliance collected a variety of data during 2024 to complete the Community Health Assessment (CHA). This data included both qualitative and quantitative data from both primary and secondary sources.

Qualitative data includes: a survey, key stakeholder interviews, focus group responses, and public data offered via Fayette County Public Health media sites. The information gathering process was conducted in person and by using Internet technology.

Methods of data collection included:

- 267 public surveys were collected;
- Surveys were available online (Internet and social media sites); with paper copies available at local health care and social service delivery sites (then entered into electronic format by employees of Fayette County Public Health and Adena Health);
- Stakeholder interviews conducted with people selected by the steering committee based on their

involvement and association with Fayette County Community Health Alliance, and their related perspective; and

- Focus groups were also held with senior citizens served by Fayette County Commission on Aging; Fayette County Rotary; and students from Miami Trace (Superintendent's Council and health classes).

Quantitative data included demographic, socio-economic, health status, health behavior, health outcomes and factors data from multiple sources. These sources included the Ohio Department of Health, the U.S. Census Bureau, the Ohio Development Services Agency, Fayette County Public Health, local law enforcement, Adena Health, Ohio Department of Job and Family Services, and more. Additionally, new data including a health inventory, life expectancy mapping, and GIS mappings were included in the assessment, showing premature death in Fayette County is on the rise, and is much higher than state and national trends.

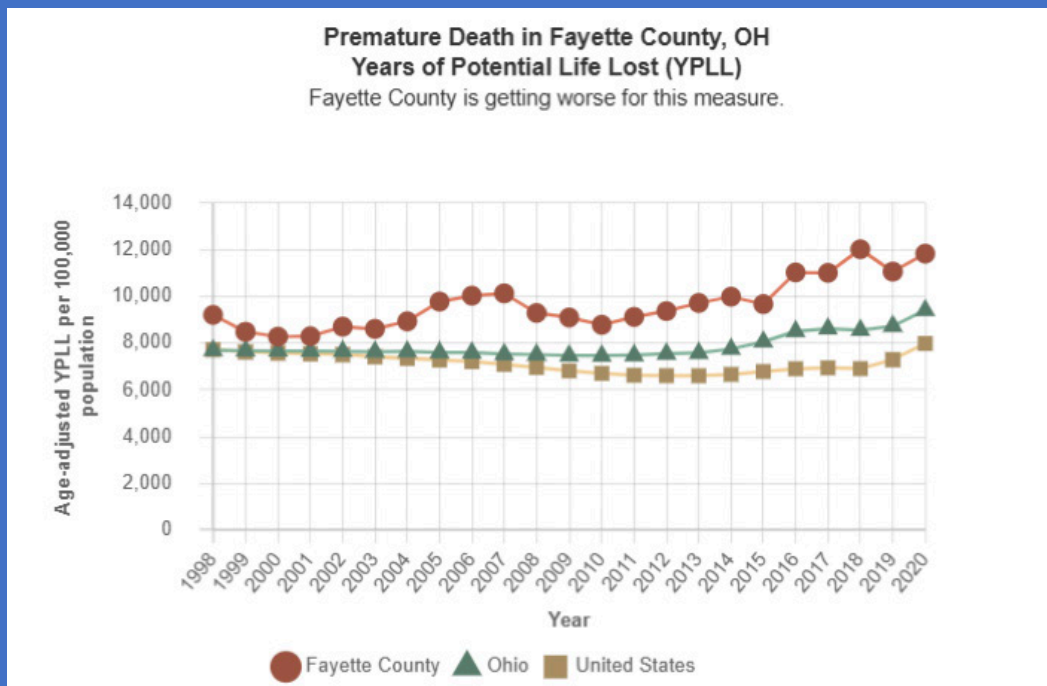


Figure 10: Fayette County - Premature Death

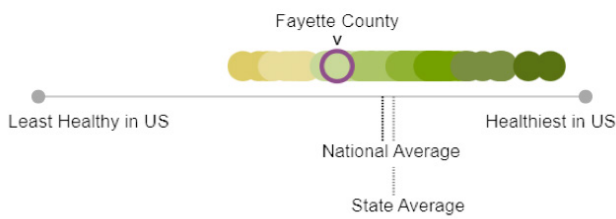
Source: Robert Wood Johnson Foundation County Health Rankings and Roadmap: Building a culture of health county by county; 2021 rankings

County health rankings

The economic and educational challenges experienced in Fayette County have been correlated to declining health. Many people living in south central and southern Ohio counties, including Fayette County, are among Ohio's unhealthiest. A 2024 report published by the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, *County Health Rankings: Mobilizing Action toward Community Health* outlines the health outcomes and factors impacting health of Fayette County residents.



Fayette County Health Outcomes - 2024

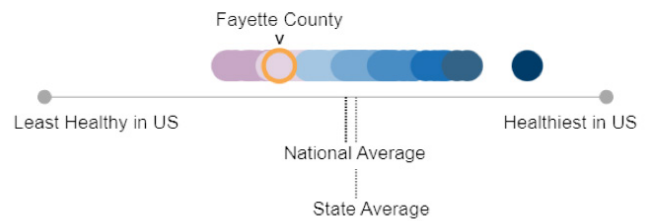


Fayette County is faring worse than the average county in Ohio for Health Outcomes, and worse than the average county in the nation.

Figure 11 Fayette County Health Outcomes



Fayette County Health Factors - 2024



Fayette County is faring worse than the average county in Ohio for Health Factors, and worse than the average county in the nation.

Figure 12 Fayette County Ohio Health Factors

Ohio ranks low nationally for health outcomes with Fayette County ranking in the bottom third of the state. Rankings for all 88 of Ohio's counties are based on health outcomes and health factors. Rates of death from heart disease, lung cancer, and pulmonary-respiratory disease are all above state and national averages. Fayette County currently ranks 72nd out of 88 counties for health outcomes, and 70th for health factors. In the 2021 survey, Fayette was 81st in outcomes and 68th in health factors.

Year	2019	2020	2021	2022	2023	2024
Health outcomes	71	73	81	74	76	72
Health factors	74	66	68	68	81	70

Table 5: Historical Health Outcome and Health Factor Ranking for Fayette County
Source: County Health and Rankings Roadmap

DEMOGRAPHIC CHARACTERISTICS

A profile of Fayette County and its residents was formulated by collecting publicly available data such as vital statistics, economic and education data. Research shows that sociologic and economic factors affect health in complicated ways. Therefore, it is understood that this information must be reviewed with public opinion data (provided in the next section) to develop a clear understanding of the state of health of a particular community. The following tables describe the population in relation to diversity.

Population size and growth

The current total population of Fayette County is estimated at 28,817 according to US Census records. This is less than a 2% decline since 2010. This is a less growth than what is currently seen in Ohio and the U.S.

Year	Fayette County	Ohio	U.S.
2010	29,014	11,539,336	309,321,666
2015	26,611	11,617,527	320,635,163
2019	28,525	11,689,100	328,239,523
Percent change (from 2010-2019)	-1.69%	1.30%	6.12%

Table 6: Fayette County Ohio Population Patterns

Source: U.S. Census Bureau, 2019; Information was found from Table PEPANNRES: Annual estimates of the resident population: July 1, 2010 to July 1, 2019

Age, sex, ethnicity, immigration, veterans disability status

Fayette County, Ohio has limited diversity among its population, with nearly 92% of residents being white/ Caucasian. Approximately 17.6% of the population is over the age of 65. Almost 20% of the population has a disability, which is considerably higher than Ohio (14.1%) and the rest of the U.S. (12.9%).

Population demographics	Fayette 2024	Ohio 2024	U.S. 2024
Age (Table S0101)			
0-17 Years	23.4%	22.0%	22.1%
18-24 Years	8.1%	9.2%	9.4%
25-44 Years	23.9%	25.3%	26.6%
45-64 Years	26.9%	25.9%	25.3%
65 years or more	17.7%	17.6%	16.5%
Race and ethnicity (Table DP05)			
African American	2.8%	12.3%	12.5%
Asian	0.8%	2.4%	5.8%
Hispanic (of any race)	2.3%	4.2%	18.7%
American Indian/ Alaska Native	0.0%	0.1%	0.8%
Native Hawaiian/ Pacific Islander	0.0%	0.0%	0.2%
White	91.6%	78.8%	65.9%
Other	0.9%	1.3%	6.0%
Two or more races	3.8%	4.9%	8.8%
Gender (Table DP05)			
Male	49.4%	49.4%	49.6%
Female	50.6%	50.6%	50.4%
Veterans (Table S2101)			
Veterans (among total population)	6.0%	7.0%	6.6%
Disabilities (Table S1810)			
Any age with a disability	19.6%	14.1%	12.9%
Under the age of 18 with a disability	8.7%	5.2%	4.5%
Ages 18-64 with a disability	17.9%	11.9%	10.5%
65 years and over with a disability	40.8%	33.2%	33.3%

Table 7: Fayette County OH Population demographics
Source: U.S. Census Bureau; 2018-2022 American Community Survey Estimates

Household and location

The average household size in Fayette County is slightly larger in comparison to households across Ohio, but smaller than the U.S. average. This is also true for the percentage of households with children under the age of 18, compared to U.S. average. Nearly three quarters of Fayette County's population (74.2%) lives in a rural area. This is a significantly larger portion of the population than in other parts of Ohio, or the U.S.

Families and living arrangements – size and status	Fayette County 2024	Ohio 2024	U.S. 2024
Households (Table S1101 & S1001)			
Total Households	11,620	4,789,408	125,736,353
Average household size	2.46	2.40	2.57
Family households with own children (under 18 years of age)	24.8%	25.6%	26.9%
Grandchildren (under 18 years of age) living with a grandparent householder with no parent present	N/A	47,442	998,878
Female householder, no spouse present, with own children (under 18 years of age)	6.1%	6.7%	6.2%
Marital status (Age 15 years and over) (Table S1201)			
Never married males	31.9%	36.3%	37.0%
Never married females	23.3%	30.4%	31.2%
Now married males	50.2%	48.5%	49.5%
Now married females	47.8%	45.7%	46.2%
Divorced males	12.7%	10.7%	9.3%
Divorced females	15.0%	13.1%	12.1%

Table 8 Fayette County, Ohio Households

N/A- Data unavailable

Source: U.S. Census Bureau; 2018-2022 American Community Survey Estimates

LEADING CAUSES OF DEATH

The leading causes of death, particularly premature death, as well as illness, and injury are indicators to the primary health challenges facing a population in a particular region. They can also indicate what health risk factors are most prevalent among a population. According to the Robert Wood Johnson Foundation's 2024 County Health Rankings, the life expectancy of a Fayette County resident is 72.9 years. This is lower than the Ohio average of 75.6 years and the U.S. average of 77.6 years.

Premature death

The premature death rate in Fayette County Ohio is considerably higher (11,800) than Ohio (9,400) as well as the U.S. (8,000).

	Fayette County	Ohio	U.S.
Premature death rate ₁	11,800	9,400	8,000
Drug overdose death	41	42	27
Motor vehicle crash (fatal) ₁	17	11	12
Child mortality ₁	40	60	50

Table 9: Premature Death in Fayette County, Ohio
Sources: County Health Rankings, 20241 ;

Leading causes of death

The leading causes of death in Fayette County are heart disease, cancer (all kinds), chronic lower respiratory diseases, unintentional injuries, and Alzheimer's disease. The rate of death for each of these conditions is significantly higher than state and national averages.

Cause of Death (Age-adjusted rate per 100,000 population)	Fayette County 2024	Ohio 2024	U.S. 2022
Heart disease	282.4	192.3	164.5
Cancer	204.5	162.4	146.4
Accidents/unintentional Injury	82.8	69.9	51.6
Chronic lower respiratory diseases	69.2	46.5	38.1
Alzheimer's Disease	49.0	35.5	31.0
Stroke	38.4	43.4	37.6
COVID-19	26.4	29.4	28.8
Diabetes	24.7	26.4	22.6
Total death rate	1,050.8	873.4	758.7

Table 10 Fayette County, Ohio Leading Causes of Death, age-adjusted rate per 100,000 population
Source: CDC Wonder, 2018-2020

POPULATION HEALTH

The prevalence of certain health conditions as well as disease can provide insight to leading causes of death in a population in a particular region. They can also indicate what health behaviors are most prevalent among a population.

Obesity and related issues

Nearly 44% of Fayette County’s adult residents have been identified by a medical professional as being obese. Obesity rates are higher than state (38%) and national averages (34%). The percentage of the population with other health conditions – diabetes and heart disease – is also higher than state and national averages.

Illness and disease	Fayette County 2024	Ohio 2024	U.S. 2024
Overweight	N/A	33% ₁	34% ₁
Obese	44% ₂	38% ₁	34% ₁
Diabetes	14% ₂	13% ₁	12% ₁
High blood cholesterol	37% ₂	36% ₃	36% ₃
High blood pressure	40% ₂	36% ₃	32% ₃

Table 11: Fayette County, Ohio Obesity, Diabetes, High Blood Pressure and High Cholesterol

N/A – Data unavailable

Source 1: CDC, 2022 BRFSS, Crude-Rate

Source 2: CDC, 2021 BRFSS PLACES Data, Crude-Rate

Source 3: CDC, 2021 BRFSS, Crude-Rate

Respiratory issues

Pulmonary and respiratory issues are prevalent in Fayette County, exceeding state and national averages. Eleven percent of the population experiences asthma, which is higher than the national (10%) average. Chronic Obstructive Pulmonary Disease (COPD) prevalence is higher (11%) than both state (10%) and national averages (7%).

Illness and disease	Fayette County 2024 ₁	Ohio 2024 ₂	U.S. 2024 ₂
Currently have asthma	11% ₁	11%	10%
Ever been told they have asthma	N/A	16%	16%
Ever been told they had COPD	11% ₁	10%	7%

Table 12 Fayette County, Ohio Asthma and Chronic Obstructive Pulmonary Disease (COPD)

N/A – Data unavailable

Source 1: CDC, 2021 BRFSS PLACES Data, Crude-Rate

Source 2: CDC, 2022, BRFSS, Crude Rate

Cancer

Of all cases of cancer in Fayette County, breast cancer, lung and colon cancer are most often reported. The rate of breast cancer occurrence in Fayette County is 15.2, much higher than state (11.7) and national (10.8) averages, per 100,000 population. The rates of prostate cancer (104.1), while one of the leading cancers, are less than state (118.9) and national (113.1) averages. The incidences of lung and colon cancer however, are considerably higher than state and national averages, per 100,000 population.

Forms of cancer	Fayette County 2024	Ohio 2024	U.S. 2024
Trachea, bronchus, and lung	56.3	43.0	34.9
Colon, rectum, and anus	26.8	14.8	13.4
Lymphoid, hematopoietic, and related tissue	20.9	15.9	
Breast	15.2	11.7	10.8
Prostate	--*	7.9	7.8
Ovarian	--*	3.4	3.4
Lip, oral cavity, and pharynx	--*	2.9	2.5
Larynx	--*	1.1	0.9

Table 13: Fayette County, Ohio Age-adjusted Cancer Mortality Rates per 100,000 Population
 --* Indicates rates have been suppressed for low, unreliable counts
 Source 1: CDC Wonder, Mortality, 2016-2020

Forms of cancer	Fayette County 2024 ¹	Ohio 2024 ¹	U.S. 2024 ²
Prostate	104.1	118.9	113.1
Lung and bronchus	77.4	64.0	53.3
Breast	76.1	70.3	68.5
Colon and rectum	53.0	38.8	36.4
Uterus	44.1	30.9	27.8
Melanoma of skin	34.9	25.8	22.7
Non-Hodgkins Lymphoma	19.5	19.0	18.5
Bladder	16.0	21.5	18.8
Kidney and renal pelvis	15.5	18.1	17.3
Pancreas	13.5	13.9	13.5
Thyroid	12.1	14.5	12.9
Leukemia	11.9	12.7	14.1
Liver and intrahepatic bile duct	10.4	7.7	8.6
Esophagus	9.6	5.7	4.5
Oral cavity and pharynx	8.6	12.8	12.0
Ovarian	7.3	9.8	10.1
Larynx	7.0	3.7	2.9
Cervical	6.0	7.8	7.5
Multiple myeloma	4.8	6.3	6.9
Stomach	4.7	5.7	6.3
Hodgkins Lymphoma	3.6	2.7	2.5
Brain and other central nervous system	3.4	6.8	6.3
Testicular	--*	5.8	5.7

Table 14: Fayette County, Ohio age-adjusted cancer incidence rate per 100,000 population
 --* Indicates rates have been suppressed for low, unreliable counts
 Source 1: Data Ohio portal, Invasive cancer incidence data, 2017-2021
 Source 2: CDC Wonder, cancer incidence, 2017-2021



Sexually transmitted disease

For many sexually transmitted diseases in Fayette County, Ohio, the rate is lower than state and national averages. The exception is syphilis where the rate in Ohio and Fayette County are the same and are both higher than the national average. Hepatitis C rates are higher than state.

Sexually Transmitted Diseases	Fayette County 2024	Ohio 2024	U.S. 2024
Chlamydia (rate per 100,000 population)	190.3 ₁	462.7 ₁	495.0 ₂
Gonorrhea (rate per 100,000 population)	62.3 ₁	195.1 ₁	194.4 ₂
Syphilis (rate per 100,000 population)	45.0 ₁	45.0 ₁	17.7 ₂
Living with diagnosed HIV infection (rate per 100,000 population)	76.3 ₃	216.2 ₃	329.3 ₄
Hepatitis C (rate per 100,000 population)	124.5 ₅	91.6 ₅	N/A
Hepatitis A (rate per 100,000 population)	N/A	N/A	0.7 ₆

Table 15: Fayette County, Ohio Sexually Transmitted Diseases

N/A – Data unavailable
 Source 1: ODH STD Surveillance, 2022
 Source 2: CDC STD Surveillance state ranking tables, 2022
 Source 3: ODH Ohio HIV Surveillance Annual Report, 2022
 Source 4: CDC, HIV Surveillance Report, 2022
 Source 5: ODH, Ohio Hepatitis C Five-Year Status Report, 2022
 Source 6: CDC, National profile of viral hepatitis, 2022

Maternal health

The rate of low birth weights in Fayette County are lower than the state and national average. The number of unmarried women receiving prenatal care surpasses the Ohio and national averages.

Maternal health	Fayette County 2024	Ohio 2024	U.S. 2024
Low birth weight (<2,500 g)	7.7% ₁	8.6% ₁	8.5% ₂
Pre-term birth (<37 weeks gestation)	--*	10.6% ₁	12.2% ₂
Maternal tobacco use (any tobacco use during pregnancy)	N/A	9.3% ₂	4.6% ₂
Began prenatal care in first trimester	N/A	77.3% ₂	76.0% ₂
Began prenatal care in third trimester	N/A	4.0% ₂	4.3% ₂
Breastfeeding at discharge	66.2% ₁	76.0% ₁	73.0% ₂
Unmarried	49.7% ₁	42.8% ₁	35.6% ₂

Table 16: Fayette County, Ohio Maternal Health

--* Indicates rates have been suppressed for low, unreliable counts
 N/A – Data unavailable
 Source 1: Ohio data portal, Birth, 2020-2022
 Source 2: CDC Wonder, Natality, 2020-2022

Birth rate

The total rate of birth in Fayette County is similar to the state average and national average. The rate of teen births per 100,000 is significantly higher than the state and national rates.

Birth rates	Fayette County 2024	Ohio 2024	U.S. 2024
Total births	1,011 ₁	398,786 ₂	11,152,899 ₂
Teen birth rates (Among females ages 15-19 per 1,000 population)	50 ₃	12 ₃	10 ₃
Crude birth rate (per 1,000 population)	11.8 _{1,4}	11.4 ₂	11.3 ₂

Table 17: Fayette County, Ohio Birth Rates

Source 1: Ohio data portal, Birth, 2018-2020

Source 2: CDC Wonder, Natality, 2018-2020

Source 3: United States Census Bureau ACS five-year estimates, Fertility, 2022

Source 4: Ohio data portal, population data for calculating rates (Bridged race version), 2018-2020

Child health

A total of 512 Fayette County children were screened for lead exposure in 2019, with close to 5% of those tested showing elevated blood levels, higher than Ohio levels in 2024.

Child health	Fayette County 2024	Ohio 2024	U.S. 2024
Children lead screened (under age 6)	512	1,384,208	N/A
Percentage of children with confirmed elevated blood levels ($\geq 5\mu\text{g}/\text{dL}$) (under age 6)	5%	3%	N/A

Table 18: Fayette County, Ohio Child Health

N/A – Data unavailable

Source: Data Ohio portal, Blood lead testing public, 2023

HEALTH BEHAVIORS

The prevalence of certain health behaviors can serve as early indicators for a number of health conditions and diseases, as well some causes of death. Nutrition, fitness, and other behaviors for Fayette County were researched from public health information, as well as surveyed within the population. According to data from the Centers for Disease Control, more than 32% of Fayette County residents are not engaging in enough intentional physical activity. Excessive alcohol consumption is not as high as other parts of Ohio and the U.S. but smoking prevalence continues to be higher.

Health behaviors	Fayette County 2024	Ohio 2024	U.S. 2024
Physical inactivity (did not participate in any physical activities in past month)	32% ¹	25% ²	24% ²
Fruit consumption (less than one time per day)	N/A	43% ³	41% ³
Vegetable consumption (less than one time per day)	N/A	20% ³	20% ³
Current drinkers (had at least one drink of alcohol within the past 30 days)	N/A	53% ²	53% ²
Binge drinkers (males having five or more drinks on one occasion, females having four or more drinks on one occasion in the past 30 days)	15% ¹	18% ²	17% ²
Current smokers	24% ⁴	17% ²	14% ²
Current e-cigarette users	N/A	9% ²	8% ²

Table 19: Fayette County, Ohio adult health behaviors

N/A – Data unavailable

Source 1: BRFSS PLACES Crude Prevalence, 2021

Source 2: BRFSS, Crude Prevalence, 2022

Source 3: BRFSS, Crude Prevalence, 2021

Source 4: 2021 BRFSS Crude Prevalence, as compiled by 2024 County health rankings

As with many places in the U.S., it is easier to find a fast food meal than a nutrient-rich fresh meal. The county is home to 1.11 fast food establishments for every 1,000 people. The county has 14 food pantries, three fitness facilities and 11 grocery stores that offer fresh produce.

Injury

Closer review reveals drug overdoses and traffic fatalities being the majority of those deaths. Local data is collected through the Fayette County Coroner's Office, Fayette County Public Health and the local State Highway Patrol outpost.

Drug overdose deaths

The rate of drug overdoses in general is 52.1 per 100,000 in Fayette County, compared to 45 per 100,000 for the state of Ohio. Death by unintentional drug overdose is one of the leading causes of death in Fayette County. In 2022, sixteen (16) unintentional drug overdose deaths were recorded in Fayette County; and 4,915 unintentional drug overdose deaths in Ohio. In 2022, the 35-44 age group had the highest rate of unintentional drug overdose deaths (93.7 deaths per 100,000). From 2021 to 2022, unintentional drug overdose death rates increased among Ohioans ages 55 and older. For these individuals, the largest increase was among the 65+ age group (28%) compared with an increase of 2% for the 55-64 age group. Death rates among Ohioans under the age of 55 decreased during the same period, with the largest decrease among the 35-44 age group (-9%).

	Population		Unintentional Drug Overdose Deaths			Naloxone Service Encounters		
	2022		2020-2022			July 2021-June 2023		
	Estimate	Percent	Number	Percent	Rate ¹	Number	Percent	
Ohio	11,756,058	--	15,106	--	45.0	168,553	--	
Fayette County	28,839	--	40	--	52.1	144	--	
Demographics								
Age Group	15-24	3,588	12%	4	10%	.	19	13%
	25-34	3,552	12%	12	30%	113.9	26	18%
	35-54	7,152	25%	21	53%	97.5	67	47%
	55-64	3,793	13%	1	3%	.	20	14%
	65+	5,291	18%	2	5%	.	7	5%
Sex	Female	14,636	51%	12	30%	32.2	**	**
	Male	14,203	49%	28	70%	71.3	**	**
Race/Ethnicity	White Non-Hispanic	26,354	91%	35	88%	50.0	122	85%
	Black Non-Hispanic	656	2%	2	5%	.	10	7%
	Hispanic	715	2%	1	3%	.	2	1%

Other race and ethnicity groups are not presented due to small numbers.

1. The death rates presented for age groups are age-specific. All other rates are age-adjusted to the 2000 U.S. standard population to allow a comparison of the overall risk of dying between different populations. Death rates are suppressed when there are fewer than 10 total deaths.

**Due to differences in the data collection of sex and gender variables among the versions of intake forms used, naloxone service encounters by sex were omitted from this report.

Table 20: Overdose deaths; Naloxone distribution - Fayette County (source: Ohio Department of Health)

Fayette County and Ohio, July 2021-June 2023		
Setting	Fayette County	Ohio
Corrections/Court System	1%	2%
Hospital System	1%	4%
Local Health Department	4%	5%
Online Mail Order	46%	20%
Pharmacy	0%	1%
Quick Response Team	1%	3%
School/University	4%	3%
Street Outreach	24%	30%
Syringe Service Program	7%	22%
Treatment/Recovery	8%	7%
Other	4%	3%
Total Service Encounters	148	172,097

Table 21: Naloxone Distribution - Fayette County v. Ohio (Source: OH Department of Health)

Traffic safety

Fatal crashes have decreased in Fayette County (down 10 deaths from 2023) per the Ohio States Highway Patrol. There have also been fewer arrests and crashes related to motorists operating a vehicle while impaired (OVI) in Fayette County in 2024 compared to 2023.

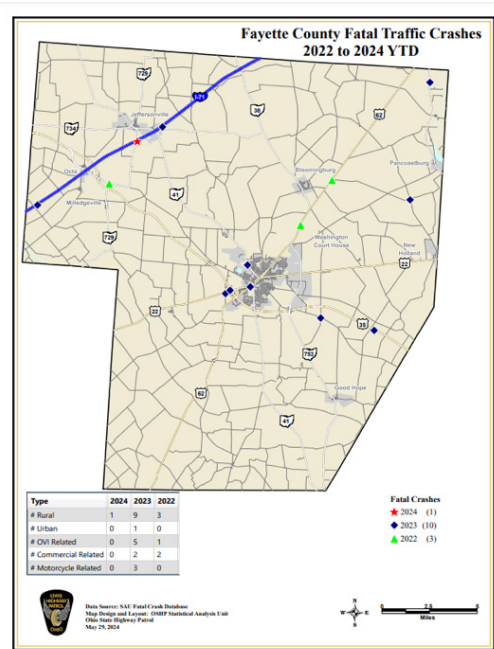


Figure 14: Fatal crashes - Fayette County

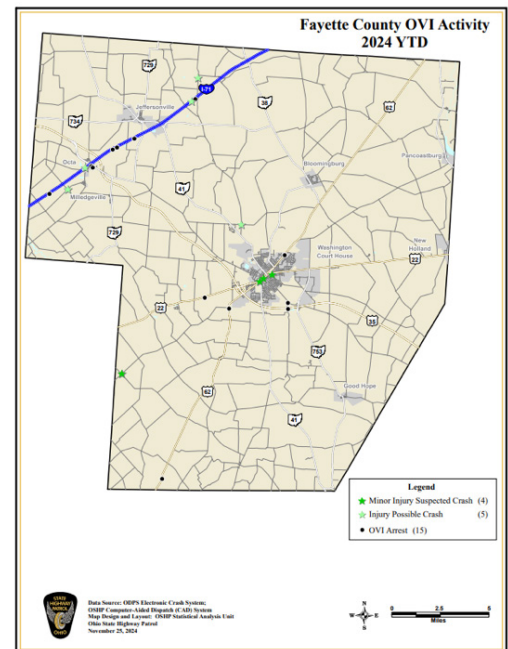


Figure 15: OSHP OVI data - 2024

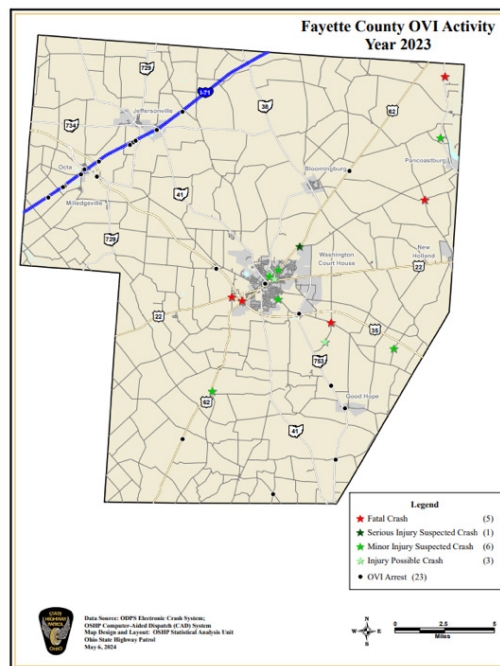


Figure 16: OSHP OVI data - 2023

ACCESS TO HEALTH CARE

The Fayette County community has one critical access hospital (Adena Fayette Medical Center) serving the broader community and is within approximately 25-mile radius of two regional medical centers – Adena Regional Medical Center (ARMC) to the east and Highland District Hospital to the southwest. A regional medical center dedicated to serving veterans (Chillicothe VA Medical Center) is also located approximately 25 miles to the east. The critical access hospital and all other facilities in the region have emergency departments. ARMC in Chillicothe also has an inpatient psychiatric unit. The community also has two community health clinics.

Health care system utilization

There is one hospital in Fayette County, Adena Fayette Medical Center (formerly Fayette County Memorial Hospital). The 25-bed facility has a critical access hospital designation, providing emergency services, inpatient and outpatient care. The following provides information utilization of services at the local hospital.

Services	2023 Utilization
Inpatient hospital utilization	691 discharges (excludes observation stays)
Emergency department utilization	13,889 ER visits

Table 22: Local hospital utilization

Source: AFMC

Health care service access

Fayette County has a medically underserved area (MUA) designation, as well as a partial medically underserved population (MUP). This is due to the limited number of providers, those who access health care with Medicaid and the geography as a rural county. The area is considered a health care provider shortage area (HPSA) for primary care, oral health, and mental health due to limited access for services. There is one federally qualified health center in the county.

Provider access

Traditionally, Fayette County has had limited capacity to provide health care services for its population. There are currently 3,210 residents for every primary care physician. Dental care is a ratio of 1920:1. There is one mental health provider to every 610 residents.

Provider access	Fayette County	Ohio	U.S.
Patient to provider ratio			Top U.S. Performers
Primary care physicians	3,210:1	1,330:1	1,330:1
Oral health care	1,920:1	1,530:1	1,360:1
Mental health care	610:1	310:1	320:1

Table 23: Healthcare Provider Access in Fayette County
Sources: 2024 County health ranking data

Insurance coverage

About 9% of the total Fayette County population does not have health insurance, which is higher than the state average (8%) but better than the national average (10%). Six-percent of children in the county do not have insurance, which is higher than state and national averages of 5%. As of October 2024, there were 8,555 individuals enrolled in Medicaid in Fayette County per the Ohio Department of Medicaid website.

Healthcare access	Fayette County	Ohio	U.S.
Insurance			
Total population without health insurance (under 65) ¹	9%	8%	10%
Children without health insurance (under age 19) ¹	6%	5%	5%

Table 24: Health Care Insurance Coverage in Fayette County
Source: 2024 Fayette County health rankings

PUBLIC HEALTH AND PREVENTION

A communicable disease is an illness caused by microorganisms, such as bacteria, viruses, parasites, and fungi. The route of transmission varies by disease and may include direct contact with contaminated body fluids or excretions, contact with contaminated objects, inhalation of contaminated airborne particles, ingestion of contaminated food or water, or transmission from an animal or vector (re: arthropod) carrying the microorganism (CDC, 2019).

Communicable diseases that are of high public health concern, including the 2019 novel Coronavirus, are reportable to Fayette County Public Health for investigation. The majority of reportable diseases can spread rapidly and cause outbreaks, resulting in widespread and potentially severe illness in the community. In Ohio, these diseases are reported to local health districts according to the Ohio Administrative Code (OAC) Chapter 3701-3 (OAC, 2019).

Fayette County Public Health is responsible for the surveillance and investigation of over 100 different communicable diseases. These are reported through a variety of sources including laboratories, physicians, hospitals, infection preventionists, school nurses, or any individual with knowledge of a person suffering from a disease that is expected to be communicable. Diseases are entered in the Ohio Disease Reporting System (ODRS) by the Healthcare Coalition's Infectious Disease Case Manager. This provides immediate access for ODH to document the distribution of disease in Ohio and to assist in identifying disease outbreaks occurring across the state (ODH, 2015).

In Fayette County, when communicable diseases are investigated and determined to be a threat to people and communities, Fayette County Public Health implements control measures, through health education/awareness, enforcement actions, and interventions to help reduce the spread of communicable diseases. Table 25 provides a summary of reports.

Table 1. Communicable Disease Cases ¹ Reported in Fayette County, 2023		
	Number of Cases	Case Rate ²
Class B Reportable Diseases		
Campylobacteriosis	7	24
Chlamydia	59	205
Coronavirus Disease 2019 (COVID-19) ³	793	2750
Carbapenemase-Producing Organisms (CPO)	2	7
Cryptosporidiosis	1	4
<i>E. coli</i> , Shiga Toxin-Producing	1	4
Giardiasis	4	14
Gonorrhea	7	24
Hepatitis B (including delta)	9	31
Hepatitis C	18	62
Influenza-Associated Hospitalization	5	17
Lyme Disease	3	10
Meningitis - aseptic/viral	1	4
Mumps	1	4
Salmonellosis	3	10
Streptococcal Disease - Group A -invasive	9	31
<i>Streptococcus pneumoniae</i> - invasive antibiotic resistance	5	17
Syphilis	2	7
Varicella	2	7
Yersiniosis	1	4
Grand Total	933	3,236
Class C Reportable Diseases (Outbreaks)		
Coronavirus Disease 2019 (COVID-19)	4	
Grand Total	4	

¹Case counts include confirmed, probable and suspected disease classifications

²Case rates per 100,000 people

³COVID-19 cases only include confirmed and probable disease classifications

Table 25: Communicable disease reports, 2023, Fayette County, Ohio



Notes:
 Case counts include confirmed, probable, and suspect disease classifications
 Case counts for COVID-19 include confirmed and probable disease classifications
 Sexually transmitted infections include chlamydia, gonorrhea, and syphilis
 Enteric illnesses include campylobacteriosis, Carbapenemase-Producing Organisms (CPO), cryptosporidiosis, *E. coli*, giardia, salmonella, and yersiniosis
 Vaccine preventable illnesses include Hepatitis B, influenza-associated hospitalizations, mumps, *Streptococcus pneumoniae*, and varicella
 Bloodborne pathogens include Hepatitis C
 Vectorborne illnesses include Lyme disease

Figure 17: Types of diseases reported in Fayette County – Source: Fayette County 2023 Annual Communicable Disease Report

Programs to promote health are coordinated for adults and youth in Fayette County Ohio. Table 26 provides a summary of programs promoted in 2024, as well as their engagement and reach.

Public and Community Health Promotion Programs	
Women, Infants and Children (WIC): A nutrition education and supplemental food program for infants, children through age 4 and pregnant, postpartum and nursing mothers.	WIC services were provided to 551 people in 2023.
Help Me Grow: Provides expectant or new parents with the information, support, and encouragement they need through a voluntary, high-quality home visiting service.	Services were provided to 207 families in 2023.
Car Seat Checks / Ohio Buckles Buckeyes: FCPH has certified Child Passenger Safety Technicians (CPSTs) who can answer questions and check car seat installation. Ohio Buckles Buckeyes (OBB) provides child safety seats and booster seats to eligible low-income families in all Ohio counties.	63 car seats were distributed and 18 were inspected for correct installation.
Converse with a Nurse: Started in 2024, this program is designed to increase access to health education and opportunities for physical activity. A short educational session is followed by a question-and-answer session. There is at no cost, and this is open to anyone 18 years or older.	20 individuals attended these sessions in 2024.
Children with Medical Handicaps (CMH) program: Promotes the early identification and treatment of children with chronic medical conditions. Links patients to eligible providers, ensuring payment for the services the child needs, offers in-person visits, and provides necessary education. The CMH program covers children from birth to 24 years of age, and further into adulthood for qualifying diagnoses.	The program had 150 total active clients in 2023, with 48 being new clients.
Immunizations: As the major provider of childhood immunizations, Fayette County Public Health has a key role in the prevention of major childhood diseases. FCPH also provides immunizations for adults.	In 2023, there were 2315 total doses given, and 12 community immunization clinics were held.
Preconception Nurse Home Visits: This program targets health and wellness of all of those who are of reproductive age, planning for healthy pregnancies and reducing maternal deaths and infant mortality. A nurse visits with the family, discusses a reproductive life plan and provides education about multiple topics including mental health, healthy lifestyles tobacco cessation, and chronic disease. Wellness Matters series, giveaways including mental health wellness journals and coupons for the local farmers market were provided at the sessions.	69 visits from October 2023 to September 2024. 3 community education sessions – Wellness Matters, collaborative with community partners. Total attendance: 21.
Senior Citizen Health Outreach: A nurse performs blood pressure checks and assessments at Fayette County Commission on Aging.	136 seniors were screened in 2024.
Rolling Ripples: The health educator works with employers in providing a free four-month weight loss and fitness program that involves teams of 4 or 5 people from agencies and businesses in the immediate Washington C.H. area.	The winter/spring 2024 session consisted of 12 agencies/businesses and 19 teams for 76 participants total and 204.8 pounds lost.
Fat Fighters: An individual weight loss and fitness program that meets weekly, encourages participants to eat in a healthy manner, and to engage in exercise that is approved by their health care providers and suitable for them personally.	Class size averaged 4-7 individuals per session in 2024.

Table 26: Fayette County public and community health promotion programs

<p>Safe Sitter: A one-day course to prepare youth 11-13 with the skills needed to care for children as a babysitter. The course covers safety, childcare skills, first aid, and life and business skills.</p>	<p>Two classes were offered, and 12 youth graduated in 2024.</p>
<p>Reproductive Health & Wellness Program: Offers services to men and women before and after childbearing age. Comprehensive services may include wellness exams, STD testing, pap and pelvic exams, testicular and prostate exams. An after-hours clinic is provided on the third Wednesday of the month.</p>	<p>The RHW Clinic completed 607 visits in 2023.</p>
<p>School Nursing: The health department contracts with Miami Trace and Washington City Schools in Fayette County to provide school nursing services. Provides student health services including diabetic assistance, immunization records, perform hearing and vision screenings, referrals and other services as needed.</p>	<p>Washington Court House City Schools, 19062 students seen, 2538 students screened.</p> <p>Miami Trace Local Schools, 27,157 students seen, 2010 students screened</p>
<p>Medical Reserve Corps (MRC): Established in July 2011. During the COVID-19 pandemic, volunteers were a vital asset to the public health response by providing vaccinations, conducting contact tracing, and performing other support tasks. The MRC is also active in community events. Volunteers have provided vaccinations at the drive-through flu shot clinic and staffed a first aid station at the Suicide Prevention Glow Walk.</p>	<p>93 volunteers</p>
<p>Food safety inspections: Protects the community against food-borne illnesses resulting from improper handling of food by conducting inspections of food service operations and vending locations. The department also licenses and inspects temporary food service operations, mobile units, and catering operations; inspects mobile food booths at the Fayette County Fair and other festivals and similar events around the county.</p>	<p>Licensed Food Service Operations– 110 Licensed Retail Food Establishments– 57 Licensed Mobile Booths– 21 Licensed Vending Locations– 16 Licensed Temporary– 10 Total Licensed– 219 Number of inspections– 420 New operations– 4</p>
<p>Household sewage treatment inspections: The purpose of this program is to prevent the spread of disease; prevent nuisances, stream pollutions and ground water contamination resulting from the improper disposal of sewage from one or more bedroom homes. The health department issues permits to install and operate sewage systems for all family dwellings. Upon determining that a site is satisfactory for the installation of a sewage system, a permit-to install is issued. All sewage systems are inspected prior to being placed into service.</p>	<p>Sewage permits issued: 26 Alteration: 2 Installers licensed: 6 Septic service providers licensed: 6 Septic system sewage haulers licensed: 3 Annual Inspections of Mechanical and Discharging Treatment Systems: 276</p>
<p>Recreational programs: Tattoo/ piercing and micro-blading are inspected for proper sanitary procedures to ensure safe conditions are maintained. Campgrounds are inspected to keep areas clean and in compliance with all regulations. Swimming pools and spas are inspected to determine compliance with applicable laws and regulations regarding water quality, safety, operation, and maintenance.</p>	<p>Swimming Pools & Spas– 11 Campgrounds– 2 Tattoo Establishments– 6 Inspections– 33</p>

Table 26: Fayette County public and community health promotion programs

<p>Public health nuisance abatement: Abatement of nuisances is a statutory requirement of the health department, including improper storage of trash, domestic animal waste, rodents, insects, un-maintained structures, and living conditions. Generally, these are conditions caused by people that may enable the spread of disease, create accidental hazards, discomfort, property depreciations or any other conditions that are related to health or safety.</p>	<p>Total number of complaints– 57 Premise Code– 57 Solid Waste Related– 18 Residential Sewage– 2 FSO/RFE– 4</p>
<p>Rabies monitoring: The purpose of the rabies program is to investigate all animal bites and promote rabies prevention. FCPH staff ensures that any domestic dog, ferret or cat involved in a bite is properly quarantined and checked for signs of rabies by a veterinarian before it is released. If the biting animal is a wild animal or the domestic dog or cat is euthanized or dead, the specimen is submitted to the Ohio Department of Health for analysis.</p>	<p>Total number of bites reported– 65 Dog bites– 55 Cat bites– 9 Other– 1 Specimens submitted for rabies– 3 Number testing positive for rabies– 0</p>
<p>Private water system monitoring: The purpose of this program is to assure safe water to users of private water supplies. The department issues permits to install and alter private water wells. Pre-construction approval of the site is required. After installation, the well is inspected, and a sample is collected to ensure the safety of the water supply. Water samples of existing wells are collected on request. Evaluation of existing wells is an ongoing service. The department samples and inspects wells before properties are sold. Defects must be corrected prior to the sale of the property. The department is also available to assist citizens with problems with their water supply.</p>	<p>New permits issued: 19 Alteration permits issued: 4 Water samples collected: 65 Approved Water samples: 65</p>

Table 26: Fayette County public and community health promotion programs

PUBLIC HEALTH FUNDING

To provide public health services in Fayette County, the financial support of the community is necessary. Funding sources for the health district include grants, contracts, fees for services, and more.

Public health: Workforce and accreditation

In 2024, Fayette County Public Health was awarded national accreditation through the Public Health Accreditation Board (PHAB). Established in 2007, PHAB is the non-profit organization that administers the national accreditation program, which aims to advance and transform public health practice by championing performance improvement, strong infrastructure, and innovation. Accreditation is a rigorous process that shows FCPH's commitment to quality and performance improvement, collaboration, and public health practice. FCPH is proud to have its work and programs nationally recognized and remains committed to the health and well-being of the community.

Social and economic environment

The Fayette County region has many of the same socio-economic conditions prevalent in other rural communities in Ohio. Educational attainment is considerably lower than in other parts of the state and U.S., particularly for advanced education. Median individual and family income is also lower. The following provides a breakdown of education, employment, industry, occupations, income and poverty for Fayette County, and how it compares with the rest of Ohio and the U.S.

Social vulnerability

Social vulnerability refers to the demographic and socioeconomic factors (such as poverty, lack of access to transportation, and crowded housing) that adversely affect communities that encounter hazards and other community-level stressors.

These stressors can include natural or human-caused disasters (such as tornadoes or chemical spills) or disease outbreaks (such as COVID-19).

The Centers for Disease Control and Prevention and Agency for Toxic Substances and Disease Registry Social Vulnerability Index (hereafter, CDC/ATSDR SVI or SVI) is a place-based index, database, and mapping application designed to identify and quantify communities experiencing social vulnerability. The Geospatial Research, Analysis & Services Program (GRASP) maintains the CDC/ATSDR SVI to help public health officials and local planners better prepare for and respond to emergency events with the goal of decreasing human suffering, economic loss, and health inequities.

The current CDC/ATSDR Social Vulnerability Index uses 16 U.S. Census variables from the five-year American Community Survey (ACS) to identify communities that may need support before, during, or after disasters. These variables are grouped into four themes that cover four major areas of social vulnerability and then combined into a single measure of overall social vulnerability.

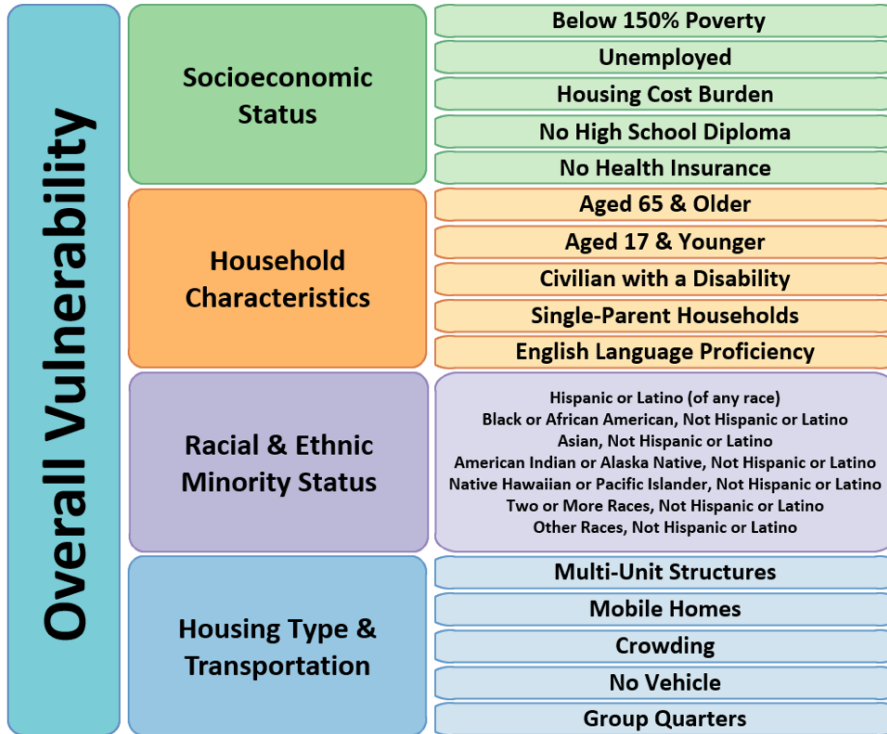


Figure 18: Social Vulnerability Index variables grouped into four themes; Source: CDC, ASTDR

Using the metrics, the following maps were generated to show the various social vulnerabilities in the county: overall, socioeconomic, household characteristics, racial and ethnic minority status, and housing and transportation.

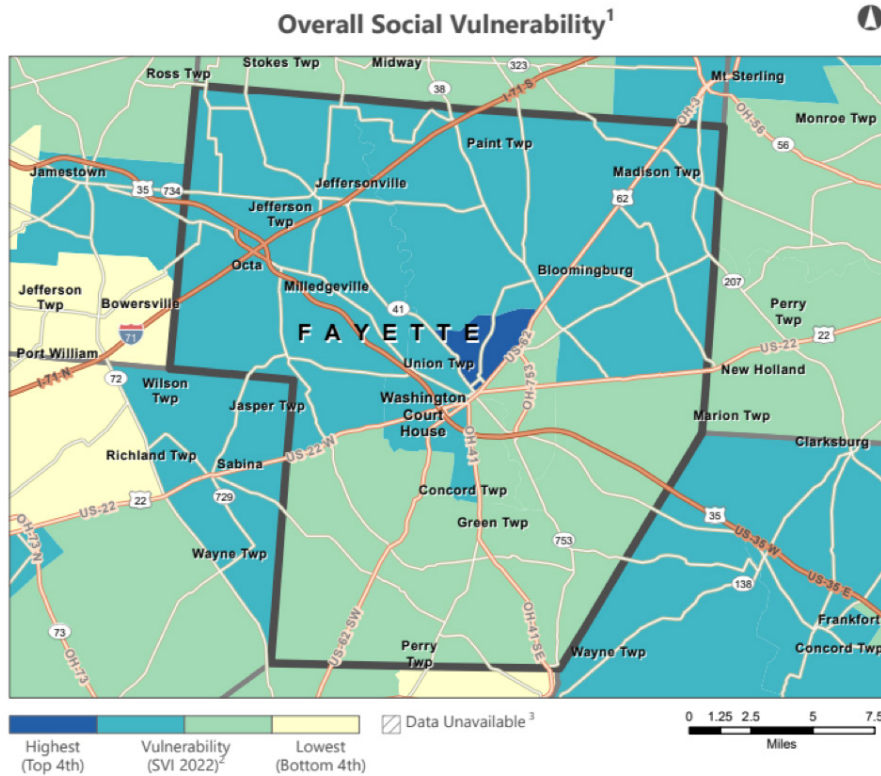
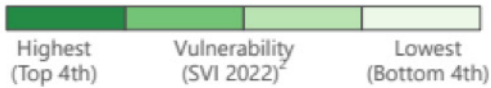
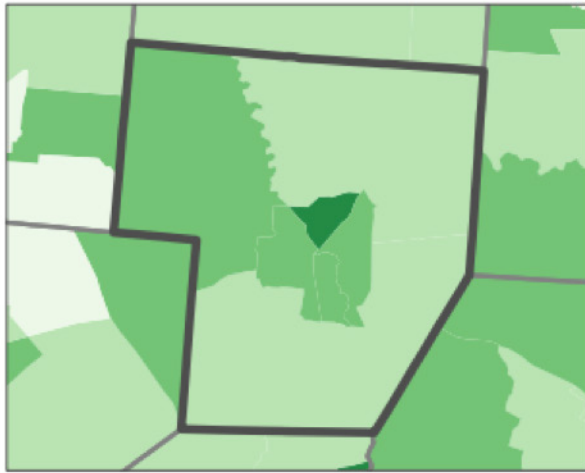


Figure 19: Overall social vulnerability map, Fayette, Co, Ohio. Source: ATSDR

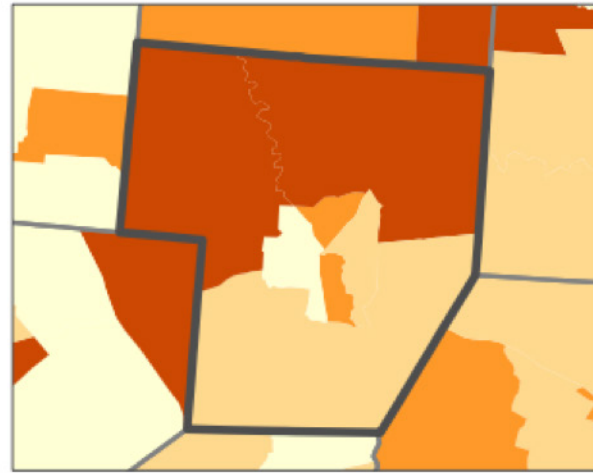
CDC/ATSDR SVI Themes



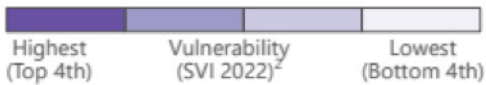
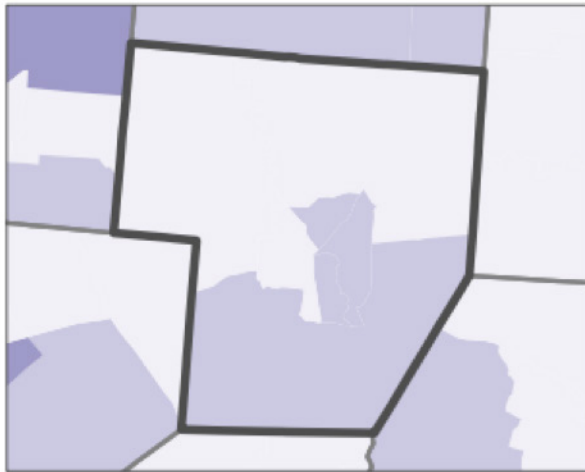
Socioeconomic Status⁵



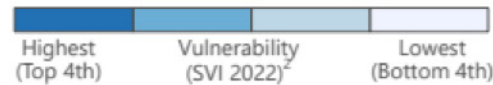
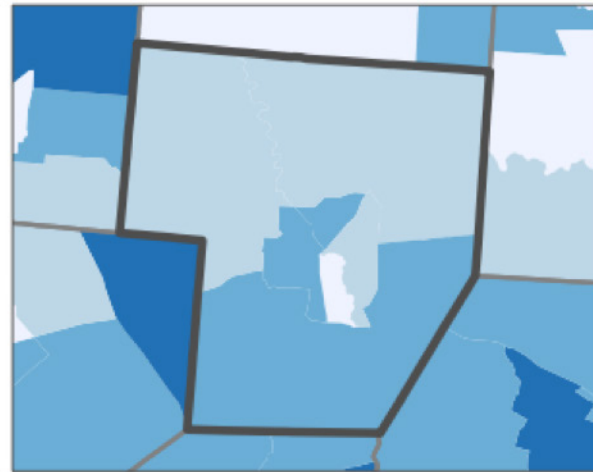
Household Characteristics⁶



Racial and Ethnic Minority Status⁷



Housing Type/Transportation⁸



Data Sources: ²CDC/ATSDR/GRASP, U.S. Census Bureau, ArcGIS StreetMap Premium.

Notes: ¹Overall Social Vulnerability: All 16 variables. ³One or more variables unavailable at census tract level. ⁴The CDC/ATSDR SVI combines percentile rankings of U.S. Census American Community Survey (ACS) 2018-2022 variables, for the state, at the census tract level. ⁵Socioeconomic Status: Below 150% Poverty; Unemployed; Housing Costs Burden; No High School Diploma; No Health Insurance. ⁶Household Characteristics: Aged 65 and Older; Aged 17 and Younger; Civilian with a Disability; Single-Parent Household; English Language Proficiency. ⁷Race/Ethnicity: Hispanic or Latino (of any race); Black and African American, Not Hispanic or Latino; American Indian and Alaska Native, Not Hispanic or Latino; Asian, Not Hispanic or Latino; Native Hawaiian and Other Pacific Islander, Not Hispanic or Latino; Two or More Races, Not Hispanic or Latino; Other Races, Not Hispanic or Latino. ⁸Housing Type/Transportation: Multi-Unit Structures; Mobile Homes; Crowding; No Vehicle; Group Quarters.

Projection: NAD 1983 StatePlane Ohio North FIPS 3401.

References: Flanagan, B.E., et al., A Social Vulnerability Index for Disaster Management. *Journal of Homeland Security and Emergency Management*, 2011. 8(1).
 CDC/ATSDR SVI web page: <https://www.atsdr.cdc.gov/placeandhealth/svi/index.html>.

Figure 20: SVI Themes, Fayette County, Ohio, Source: CDC/ATSDR

Education

Nearly 14% of the adults in Fayette County have not graduated from high school. This percentage is higher than both Ohio (10.2%) and national (12.6%) averages. More than 11% of the population holds a bachelor’s degree or higher, which is significantly lower than state and national averages.

Education level (persons 25 years of age or older)	Fayette County 2024	Ohio 2024	U.S. 2024
No high school diploma	15.0%	8.6%	10.8%
High school graduate	47.0%	32.4%	26.4%
Some college, no degree	16.4%	19.8%	19.7%
Associate’s degree	7.9%	8.8%	8.7%
Bachelor’s degree or higher	13.7%	30.4%	34.3%

*Table 27: Fayette County, Ohio, educational attainment
Source: U.S. Census Bureau; 2018-2022 American Community Survey Estimates (Table S1501)*



EMPLOYMENT

The unemployment rate in Fayette County (3.9%) is slightly lower than Ohio and the U.S. average. However, more than half of the population is not in the workforce. This is higher than the state and national averages (36%).

Industry and occupations

The private sector provides most of Fayette County's employment opportunities, with the goods-producing and service sectors providing more than 80% of those opportunities. Professional and business services provide the majority (35%) of the service sector jobs, while trade, transportation, and utilities occupations (25%), and education and health services (23%) also provide significant opportunities. The public sector also provides 1,439 jobs in Fayette County.

Industrial sector	Fayette County 2024		Ohio 2024	U.S. 2024
	Estimated employment	%	%	%
Total civilian employed population (16 years and over)	12,940	100.0%	100.0%	100.0%
Agriculture, forestry, fishing and hunting, and mining	501	3.9%	0.9%	1.6%
Construction	1,135	8.8%	5.8%	6.9%
Manufacturing	2,715	21.0%	15.0%	10.0%
Wholesale trade	240	1.9%	2.4%	2.4%
Retail trade	1,456	11.3%	11.2%	11.0%
Transportation and warehousing, and utilities	1,139	8.8%	5.7%	5.8%
Information	212	1.6%	1.4%	1.9%
Finance and insurance, and real estate and rental and leasing	368	2.8%	6.5%	6.7%
Professional, scientific, and management, and administrative and waste management services	770	6.0%	9.9%	12.1%
Educational services, and health care and social assistance	2,412	18.6%	24.1%	23.3%
Arts, entertainment, and recreation, and accommodation and food services	886	6.8%	8.7%	9.0%
Other services, except public administration	451	3.5%	4.3%	4.7%
Public administration	655	5.1%	3.9%	4.7%

Table 28: Economic data for Fayette County
Source: U.S. Census Bureau; 2018-2022 American Community Survey Estimates (Table DP03)

Income and poverty

The per capita, median, and mean household incomes in Fayette County are lower than the state and U.S. averages. Poverty rates are also higher than the state and national average. More than 20.1% of Fayette County children are living at or below 100% of the Federal Poverty Level (FPL).

Income and poverty	Fayette County 2024	Ohio 2024	U.S. 2024
Income			
Per capita income ¹	\$30,666	\$37,729	\$41,261
Median family income ¹	\$71,719	\$86,508	\$92,646
Median household income ¹	\$75,149	\$66,990	\$75,149
Poverty by age			
Individuals below poverty status (FPL 100%) ²	14.7%	13.4%	12.6%
Children (under 18 years) Below poverty status (FPL 100%) ²	20.1%	17.7%	16.3%
Children in public schools eligible for free/reduced lunch ³	47%	36%	52%
Poverty by race			
White ⁴	15.1%	10.5%	10.1%
Black/African American ⁴	21.1%	27.3%	21.5%
American Indian/Alaska Native ⁴	0.0%	26.1%	22.6%
Asian ⁴	0.0%	11.3%	10.1%
Native Hawaiian/other Pacific Islander ⁴	100.0%	35.2%	17.0%
Some other race ⁴	46.7%	24.0%	18.6%
Two or more races ⁴	24.3%	20.8%	14.8%
Hispanic or Latino origin (of any race) ⁴	22.1%	22.5%	17.2%

Table 29: Fayette County, Ohio income and poverty data

Source 1: U.S. Census Bureau; 2018-2022 American Community Survey Estimates (Table DP03)

Source 2: U.S. Census Bureau SAIPE Estimates, 2022

Source 3: National Center for Educational Statistics 2019-2020, as compiled by 2022 County Health Rankings

Source 4: U.S. Census Bureau; 2018-2022 American Community Survey Estimates (Table S1701)

PHYSICAL ENVIRONMENT

Information on environmental and community factors - food, air, water, housing and crime - can provide insight into many of the underlying issues that impact the health of a community. Data on food and housing access and security, air and water quality, and safety was collected to provide information on the basic needs of Fayette County residents.

Air and water quality

Ambient air quality monitoring is identified as moderate in Fayette County, Ohio. Air quality could be unhealthy for sensitive groups of people with breathing problems. Water quality for communities in the county shows each “below reporting limit” when it comes to identified toxins or other contaminants. A toxics release inventory emissions inventory (TRI) is available from the Ohio EPA to provide some insight into what pollutants are disposed of and/or emitted in the community by local industry, as well as car emissions etc. Ohio EPA contact information is available at <https://epa.ohio.gov/wps/portal/gov/epa/help-center/contact-list/fayette>

Crime

The rate of both property crime and violent crime in Fayette County is less than the rest of Ohio and the United States.

Fayette County crime	Crime reported	Crime cleared	Crime reported minus crime cleared
All violent crimes	319	122	197
Homicide	6*	6	0
Rape	89	16**	73
Robbery	56	12	44
Aggravated assault	168	88	80
All property crimes	4,693	613	4,080
Arson	21	5	16
Burglary	1,334	121	1,213
Larceny-theft	3,180	450	2,730
Motor vehicle theft	179	42	137

Table 30: Fayette County, Ohio, Crime

Note: Crimes are not necessarily cleared in the year they occur- use caution when interpreting data

*Data only available from 2015-2022

**Data only available from 2016-2020

Source: Federal Bureau of Investigation, Crime Data Explorer, Fayette County Sheriff's Office, 2012-2022

Food access and insecurity

The food insecurity experienced by Fayette County residents is higher than Ohio and the U.S. as a whole. Nearly 2,000 Fayette County households receive SNAP benefits. There is also less access to grocery stores with fresh foods for Fayette County residents.

Food access	Fayette County 2024	Ohio 2024	U.S. 2024
Food security			
Food insecure population – overall ¹	17.3%	14.1%	13.5%
Food insecure population – child ¹	22.4%	19.8%	18.5%
Households receiving SNAP ²	14.7%	12.2%	11.5%
Number of food pantries	N/A	N/A	N/A
Grocery store access (establishment rate per 100,000 population)	N/A	N/A	N/A
Fast food access (establishment rate per 100,000 population)	N/A	N/A	N/A

Table 31: Fayette County, Ohio Food Access
 N/A - Data unavailable
 Source 1: Feeding America, Map the Meal Gap, 2022
 Source 2: U.S. Census Bureau; 2018-2022 American community survey estimates (Table S2201)

Housing characteristics and access

Fayette County's percentage of homeowners (64.5%) is slightly lower than the rest of Ohio (67.3%), and in line with the U.S. (65.2%). Median gross rent is lower than the state and well below national averages. A similar number of Fayette County, Ohio and U.S. households are burdened with the cost of housing often ranging from 30-50% of household income. More than 64.5% of the housing units in Fayette County are owner occupied, and 34.5% (4125) are renter occupied.

Housing characteristics	Fayette County 2024	Ohio 2024	U.S. 2024
Rent average ¹	\$772	\$949	\$1,300
Mortgage average – Average monthly owner cost with mortgage ¹	\$1,195	\$1,381	\$1,775
Average home value – Owner-occupied units ¹	\$151,400	\$204,100	\$320,900
Homeownership ¹	64.5%	67.3%	65.2%
Number of renter-Occupied housing units ¹	4,125	1,593,154	45,221,844
Average home age	N/A	N/A	N/A
Homelessness (per 10,000 people in general population) ²	N/A	10	20

Table 32: Fayette County, Ohio Housing Characteristics
 N/A - Data unavailable
 Source 1: U.S. Census Bureau; 2018-2022 American community survey estimates, Table DP04
 Source 2: National Alliance to End Homelessness, State of Homelessness 2024 Edition

PRIMARY DATA REVIEW

Stakeholders interview summary

Ten community stakeholders participated in one-on-one interviews to discuss health-related issues impacting Fayette County. The respondents identified several strengths within the county, notably its small-town atmosphere, which fosters a close-knit community and a strong sense of belonging. They highlighted the cohesive nature of local services and the effective communication among organizations serving the community. Access to healthy food is improving, thanks to the local farmers' market, as well as support from faith-based organizations and food pantries.

Significant challenges facing the community include mental health concerns, substance use, poverty, housing insecurity, homelessness, transportation barriers, and a shortage of local physicians and prenatal care options. The respondents noted that mental health issues are often overlooked, yet they serve as a critical underlying factor contributing to many other challenges within the community.

The participants emphasized that the overall health of Fayette County could be enhanced through increased collaboration, improved communication channels to inform residents about available resources, and the establishment of seamless processes to eliminate barriers. They also recommended increasing funding, expanding the number of local health care providers, and enhancing mental health services. Additionally, organizations should focus on raising public awareness of available resources and reducing the stigma associated with accessing services and seeking help.

Focus groups summary

Several focus groups were conducted as part of this portion of the 2024 community health assessment. Focus groups were with Miami Trace health classes, Miami Trace superintendent council, Fayette County seniors (those attending the noon meal at the Commission on Aging) and Fayette County Rotary. The focus of the discussions related to health equity, social determinants of health and where health officials should invest resources to provide education and/or outreach.

Participants cited the cost of living and the ripple effects substance use has had on the community



as significant areas to focus health and social resources. Youth sports, farming and labor jobs were identified as what people in the community do to stay healthy. Barriers to staying well were identified as information is not readily available, cost of living, difficulty getting appointments with primary care providers, the lack of healthy restaurant options and the cost of healthy food at the grocery.

Mental health was a concern as basic coping and resilience skills are needed for youth and young adults. There was also a concern that gaps among populations were continuing to grow. Housing costs and living expenses were cited as a growing concern especially within the senior focus group.

Public survey summary

As part of the assessment process, the Fayette County Community Health Alliance engaged the broader community in a public survey to gain more insight into factors that may be impacting the health of the county. Respondents were also asked for feedback about what the community needs to do in order to improve overall health. In addition, general questions related to demographics, education, income and social factors were asked; along with questions regarding environmental factors, health behaviors, and top community health needs.

The survey was made available for one month in electronic and paper form. The link to the electronic copy of the survey was shared on multiple social media and web sites.

The following highlights the most significant findings from the survey. The raw survey data will be made available to the public for in-depth analysis of specific topics of interest.

2024 Fayette County Community Health Alliance

Public Survey Highlights

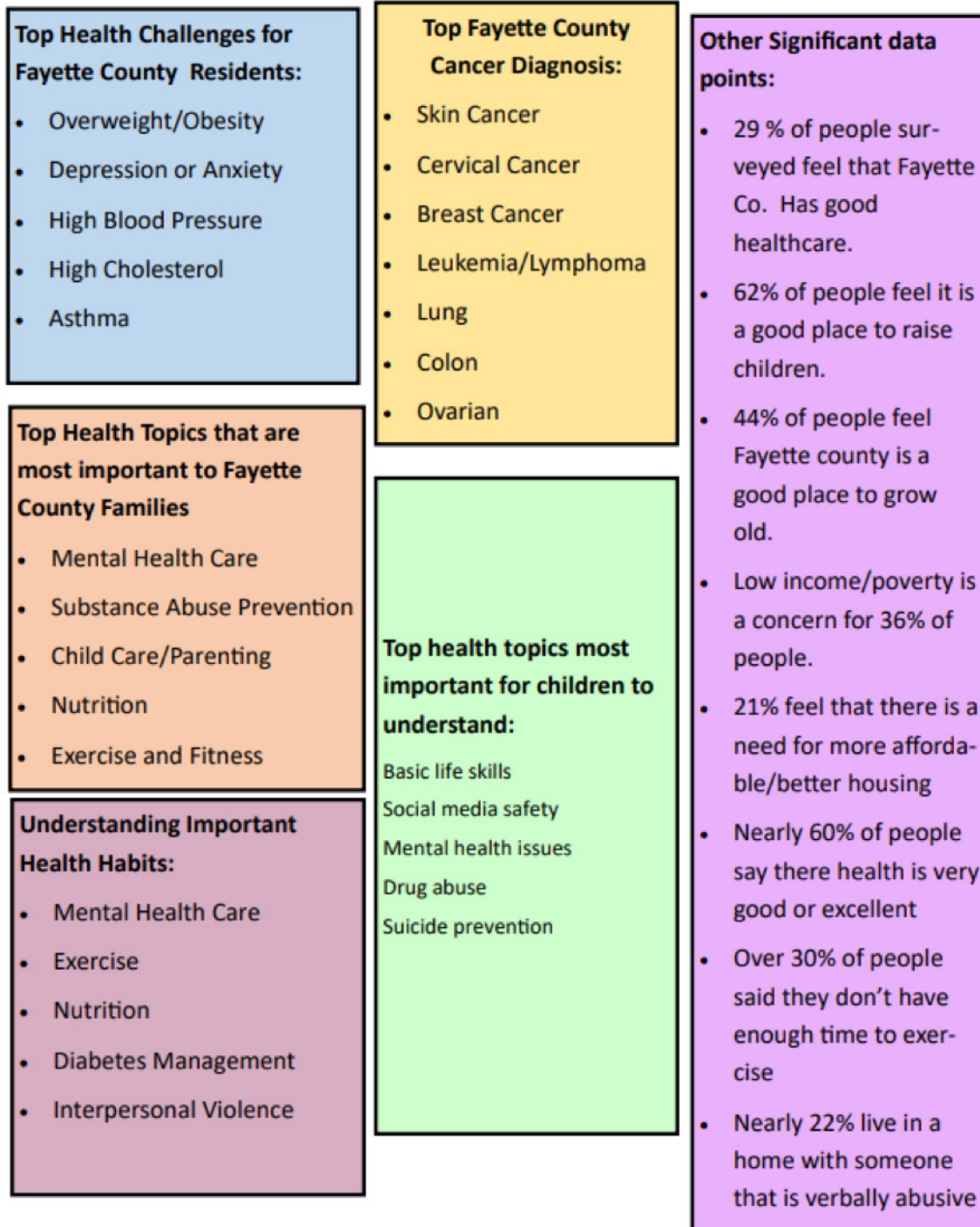


Figure 21: Fayette County public survey highlights

HEALTH OVERVIEW

Other health conditions are also of concern when it comes to the overall health of people in Fayette County. Throughout the region, obesity and mental health are two of the most prominent conditions facing people today. There is also opportunity for preemptive health through annual wellness visits with primary care providers, dentists and eye doctors.

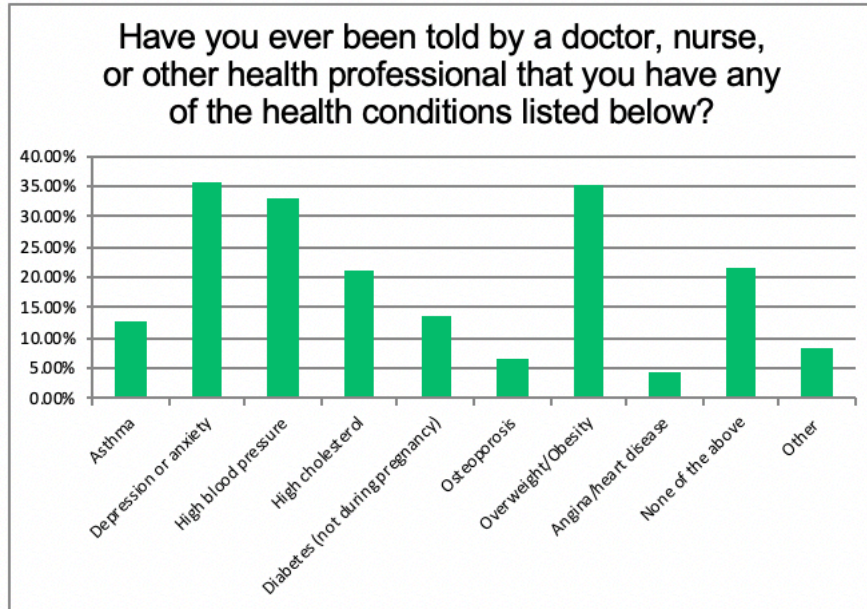


Figure 28: 2024 Fayette County public survey results - health risks – conditions

Environmental and social factors

Environmental factors have a significant impact on individual health and public health in general, and they are wide-ranging and diverse. A variety of questions related to personal and community factors were asked to identify critical indicators that may impact health.

The most significant findings for environmental issues in Fayette County included drug abuse, interpersonal violence within and outside the home, and a lack of activities for children and families. Most believe drug abuse, cancer, obesity, and mental health are the primary health issues in the community.

Other social determinants of the overall health and well-being of those living in any community can come from the effects of the behavior of others, job loss or low wages, natural disaster and more. Interpersonal violence is an unfortunate underlying health behavior for many in the region. More than 21% reported they experience some form of verbal abuse in their home, and over 13% reported living with someone who drinks too much or uses drugs. Another concern reported from over 13% of the respondents is that they do not have enough to eat or enough money to buy food.

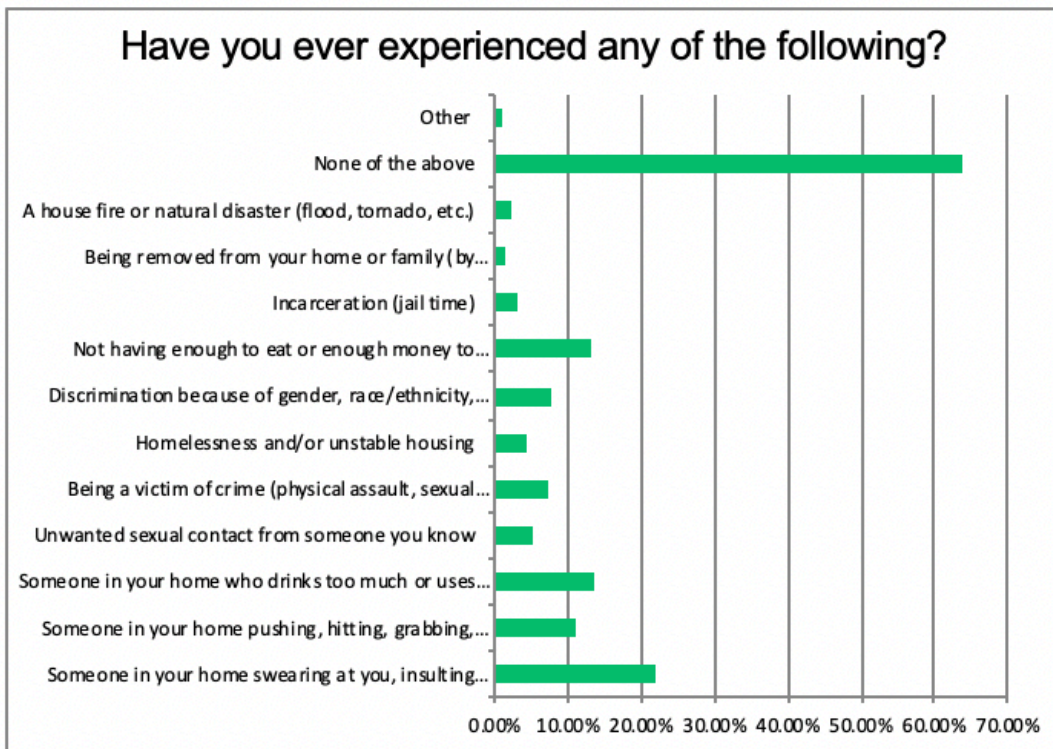


Figure 22: 2024 Fayette County public survey results – social determinants

Health factors play a major role in the overall well-being of everyone. While good nutrition, not smoking, and getting adequate exercise are tools for optimal wellness, genetics and other predispositions to disease play a large role in our complete health. More than half of Fayette County survey respondents rate their overall health from very good to excellent.

Mental health

In the 2024 Fayette County Community Health Needs Assessment, mental health is a prominent concern and/or health behavior that survey respondents identified as an area for concentration. Of those who responded, nearly 16% have thought about committing suicide, with 6% having attempted suicide in their lifetime. There was no clear path to help or counseling identified with more than 16% admitting they do not know where to go for help in a mental health or drug/alcohol crisis.

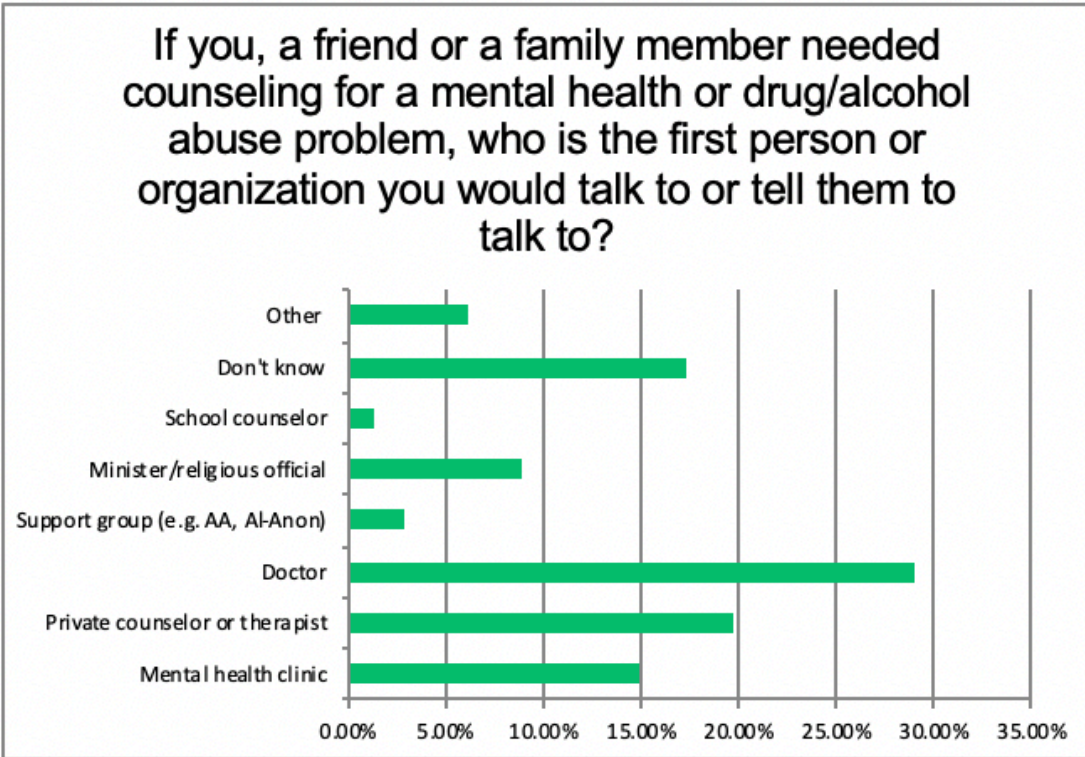


Figure 23: 2024 Fayette County public survey results

ACCESSING CARE

Those surveyed in Fayette County, who reported “barriers to receiving health care” indicated the cost of care was the most significant reason for not receiving the care they needed. The majority of respondents have seen a primary care provider.

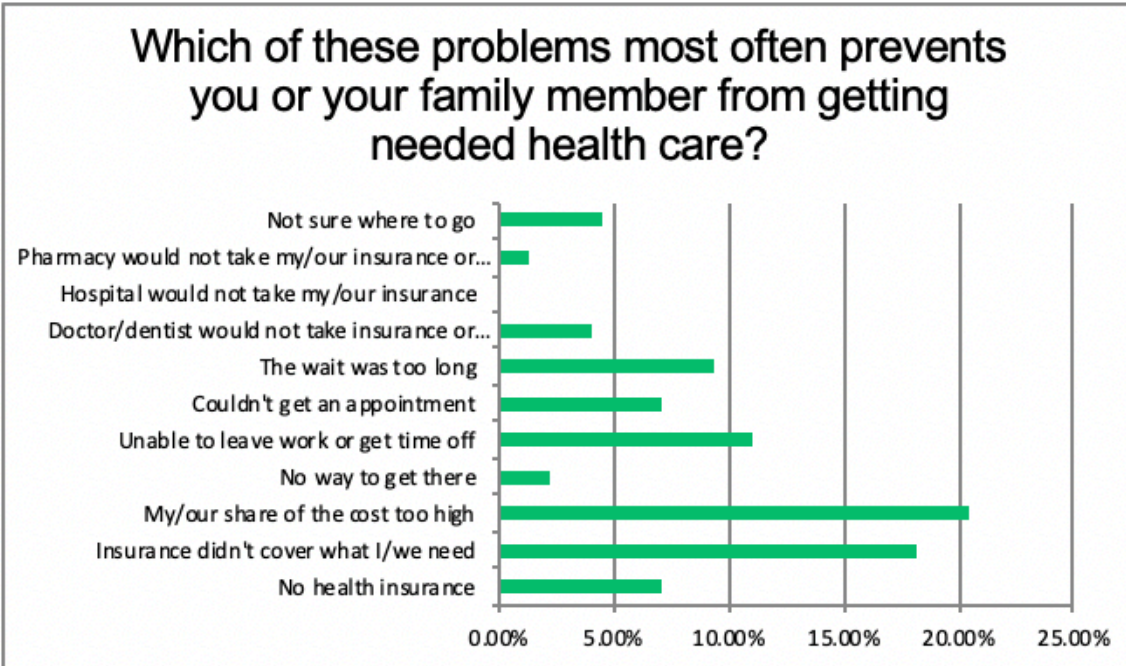


Figure 24: 2024 Fayette County Public Survey Results - Barriers to Healthcare

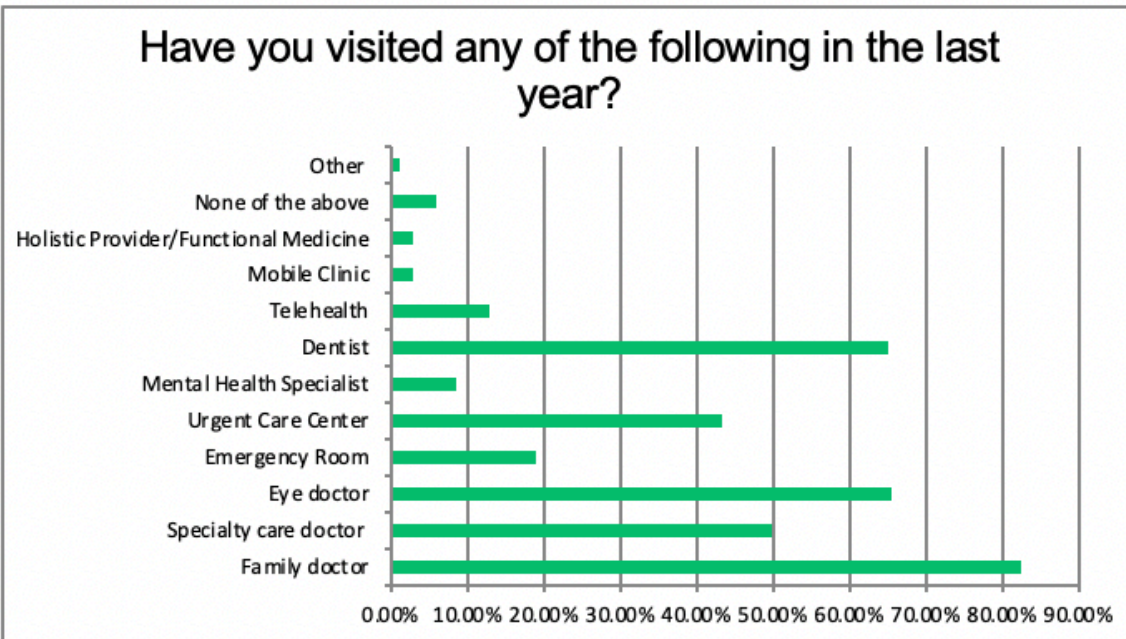


Figure 25: 2024 Fayette County public survey results - annual health visits

HEALTH BEHAVIORS AND EXPERIENCES

Survey respondents were asked to report on their own health behaviors, along with what they experience as members of a broader community.

Smoking, Vaping, Tobacco Use

Approximately 20.2% of respondents reported they used tobacco or vaping products. Usage reported from respondents is higher from 2021 survey, which 19.1% reported use of some form of tobacco/vaping product.

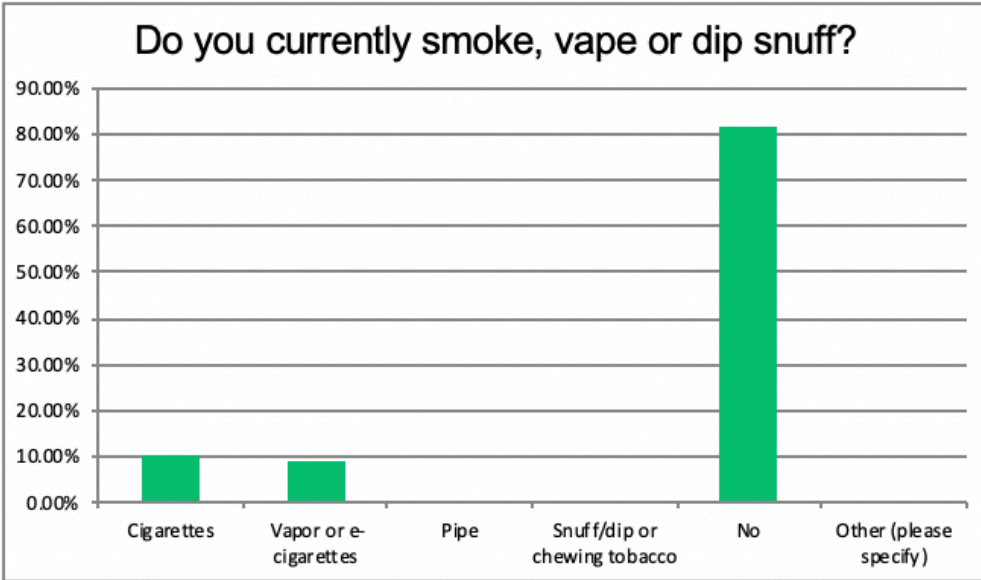


Figure 26: 2024 Fayette County public survey results – health behavior

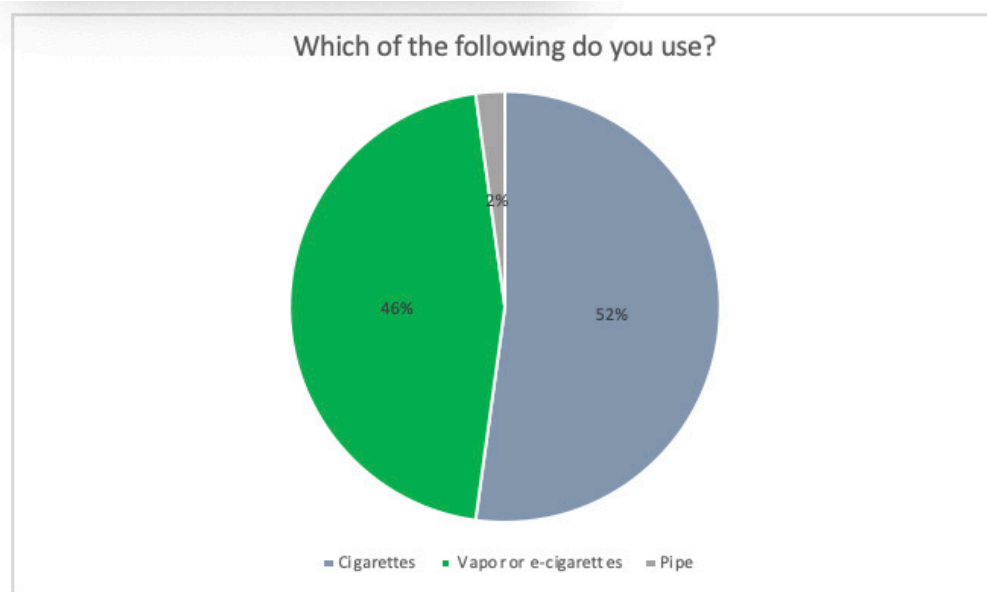


Figure 27: 2024 Fayette County public survey results - tobacco and vaping behaviors

Substance Use

Substance abuse is prevalent in the survey data for Fayette County and many other areas of south central Ohio. Of survey respondents, more than 96% report they have never used any type of illicit drugs or opioid prescription medications. Of those who admitted drug use, marijuana and prescription opiates were used a few times a week to daily.

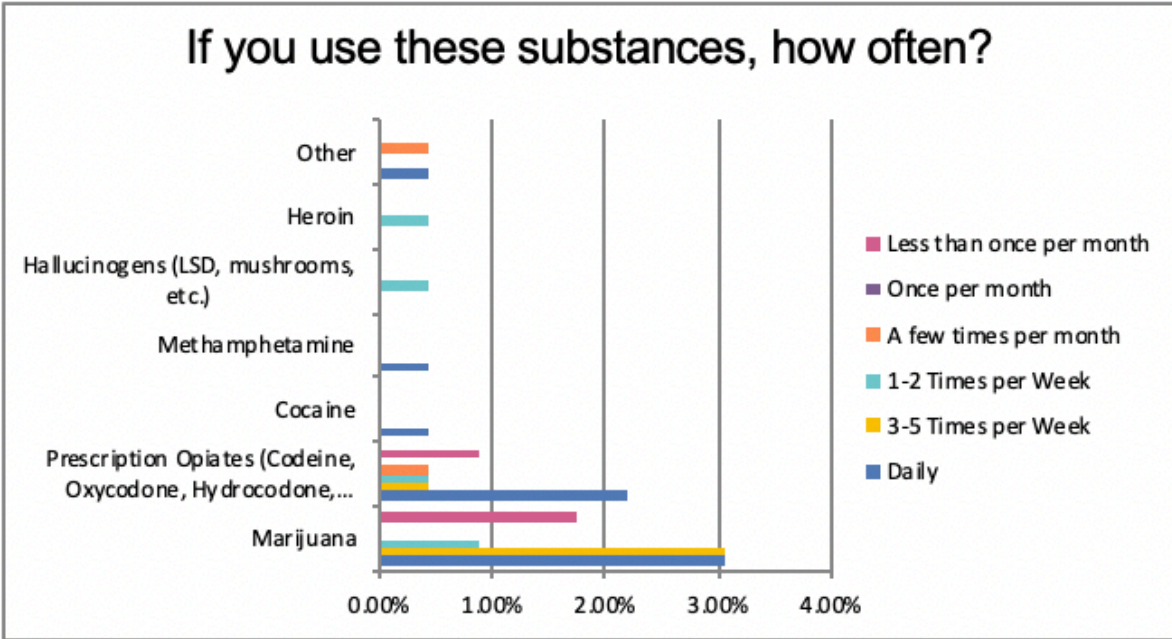


Figure 28: 2024 Fayette County public survey results – substance use

CANCER

Through the CHNA survey, Fayette County participants indicated the following as it relates to their health and conditions: almost 12% currently have or have had cancer in the past, and 13.8% are currently being treated (figures 23 and 25, respectively). Of the ones who have or have had cancer, they report skin cancer (34.48%) and cervical cancer (20.7%) as the most prevalent. When asked if anyone in your family have previously had cancer almost half (49.8%) reported yes (figure 26). While regular screenings can catch cancer in its early stages, when it is most successfully treated, the majority of respondents, nearly 32% said they had not had a cancer screening in the past year. Additionally, women appear to be more diligent in keeping up with screens for cancers traditionally seen as “women” cancers (e.g. breast, cervical). In contrast, male-specific screenings (e.g. testicular, prostate) are far less prevalent in the data.

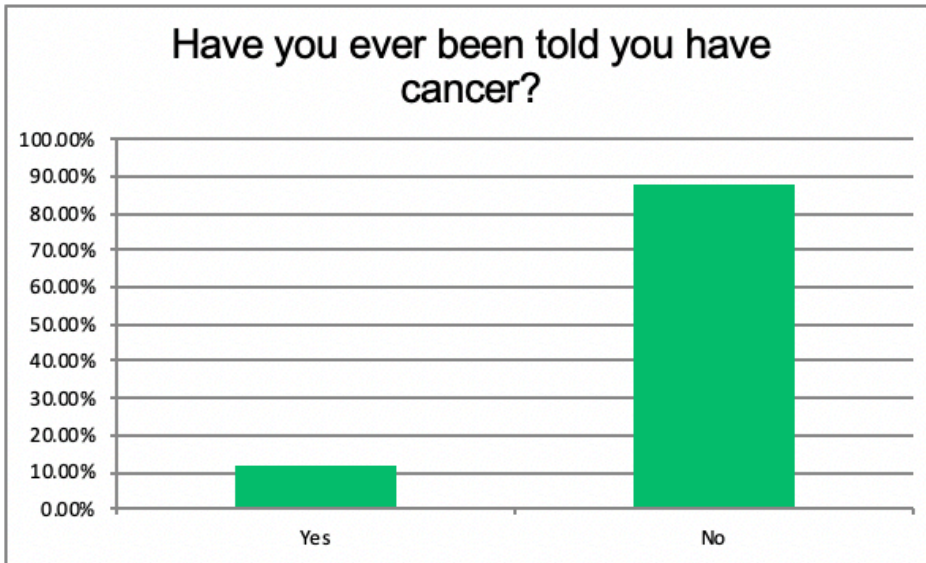


Figure 29: 2024 Fayette County public survey results - overall health

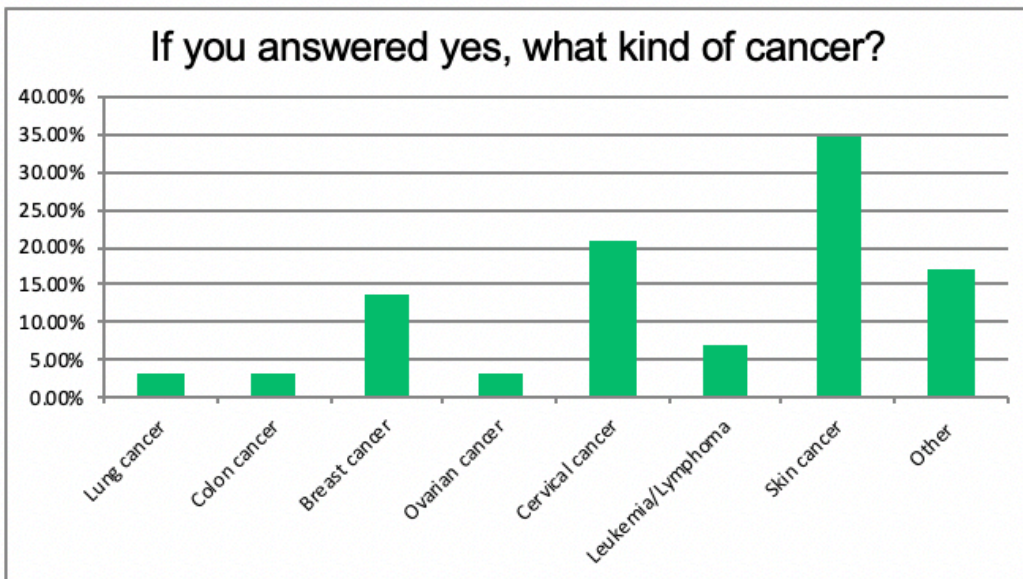


Figure 24: 2024 Fayette County public survey results

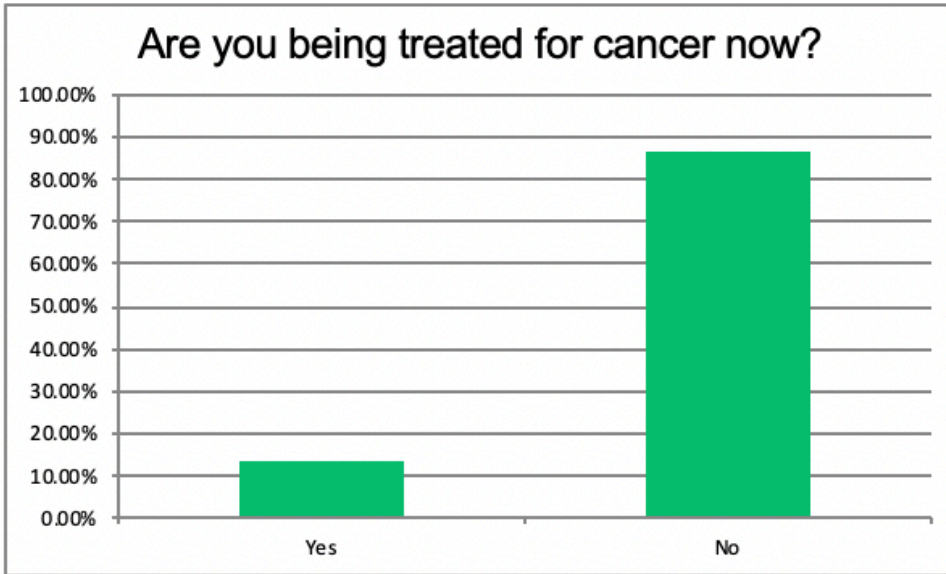


Figure 25: 2024 Fayette County public survey results

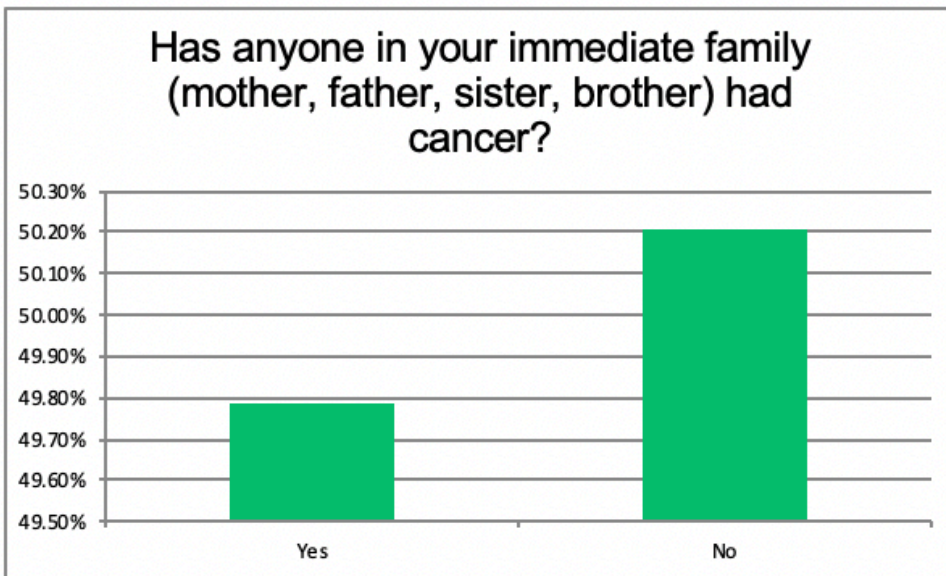


Figure 26: 2024 Fayette County public survey results

While regular screenings can catch cancer in its early stages, when it is most successfully treated, the majority of respondents, nearly 33% said they had not had a cancer screening in the past year. Additionally, women appear to be more diligent in keeping up with screens for cancers traditionally seen as “women” cancers (e.g. breast, cervical). In contrast, male-specific screenings (e.g. testicular, prostate) are far less prevalent in the data. Routine screenings are not regarded as important to many respondents, with over 36% reporting they did not feel they needed to get screenings annually (figure 31). Participants had a number of reasons for why they were not obtaining screenings (Figure 30 Public health survey comments).

A few reasons people gave for not having annual screenings:

- "I'm too young."
- "Just haven't done it!"
- "Don't look out for myself. Need to get better at this."
- "I don't like my doctor." "I need a new doctor."
- "COVID." (several mentions)
- "Afraid I will have something wrong, and I'm not sure I can handle it."
- "My insurance doesn't cover it."
- "I feel good and simply do not like going to the doctor."
- "I procrastinate."
- "Didn't know it was necessary."

Figure 30 Public health survey comments

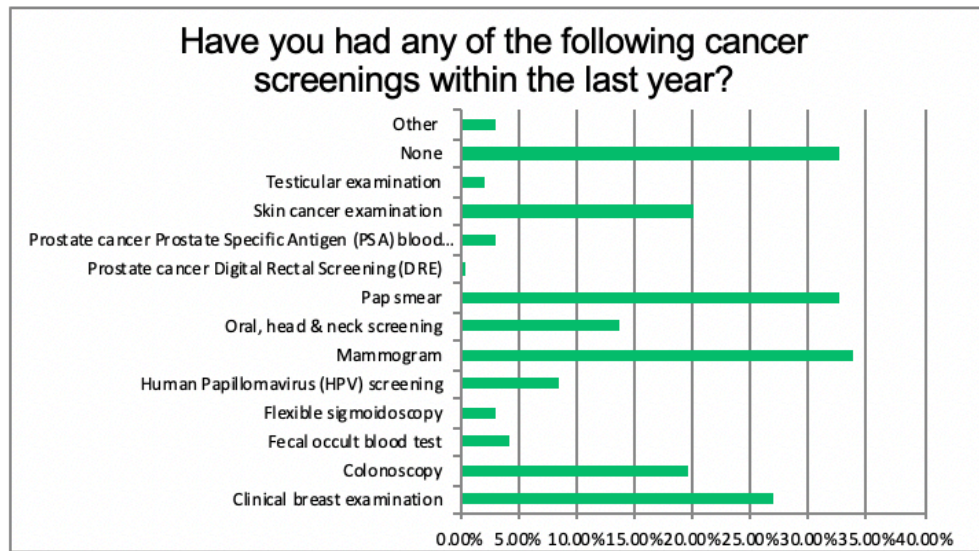


Figure 31 2024 Public health survey results - screening data

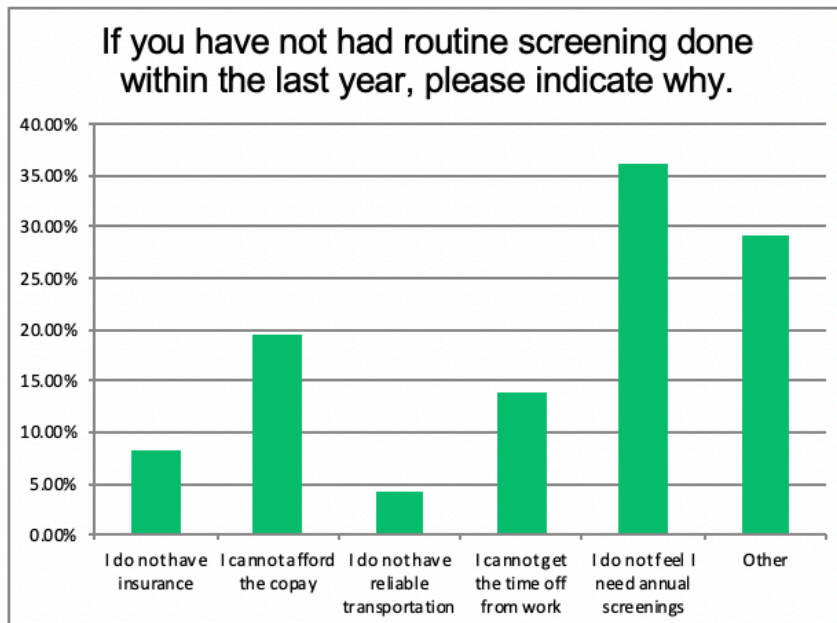


Figure 32 2024 Fayette County Public survey results

EDUCATION NEEDS AND BEHAVIORS

With an overall awareness of the health behaviors that affect life within their communities, Fayette County respondents have an interest in learning more about several health topics. These conditions or topics may influence the overall community, someone in their household or family, a friend or themselves. Over 32% have an interest in learning about mental health care, followed by substance use prevention (30.3%) as shown in Figure 33 and Figure 34. There is also a significant interest in topics such as mental health disease/treatments (34%), as well as nutrition, exercise and fitness (both at 32%). Survey respondents also shared information about what they feel the youth in the community need more knowledge and education.

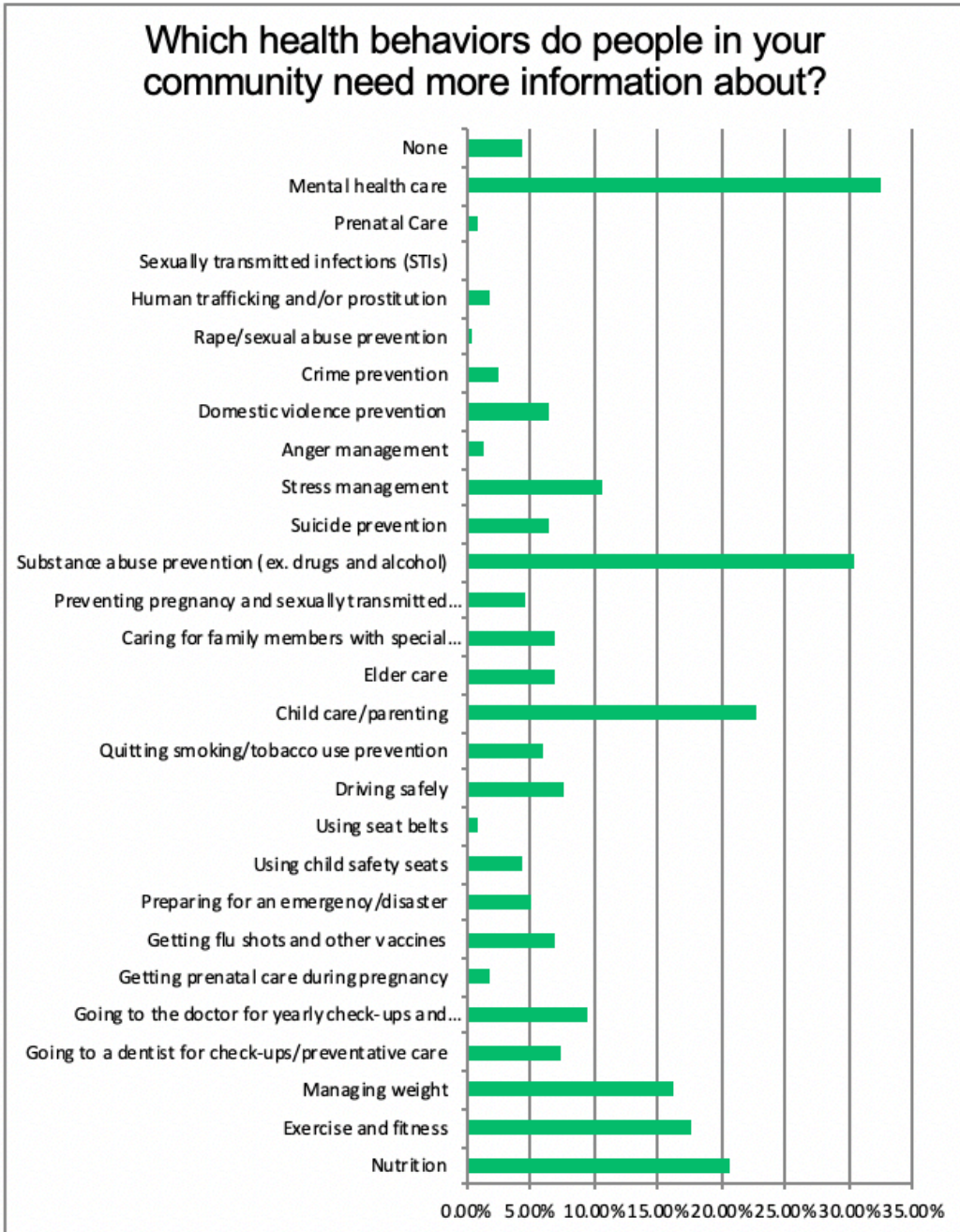


Figure 33 2024 Fayette County Public survey results – health behavior education needs

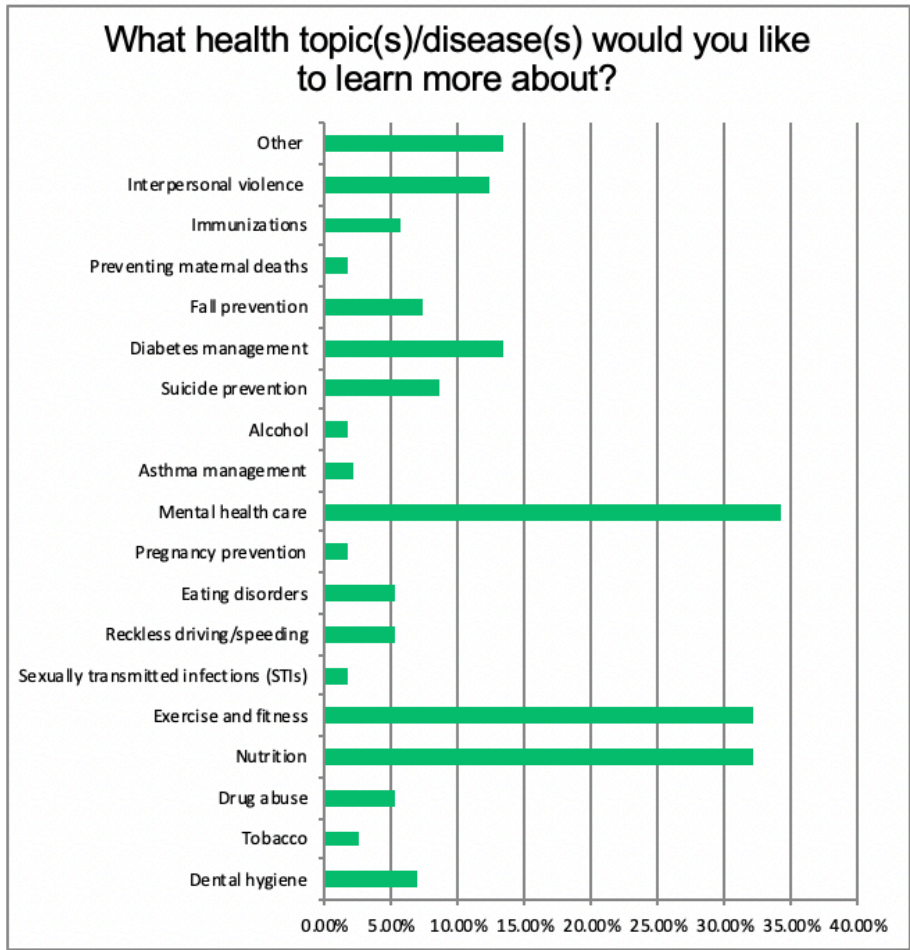


Figure 34 2024 Fayette County Public survey results - health topic education needs

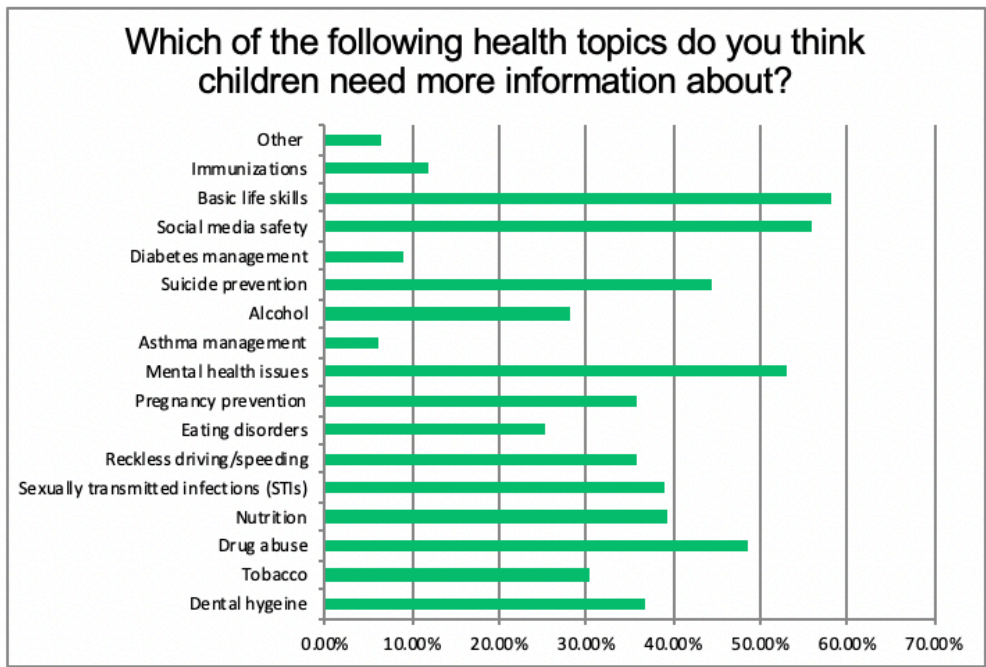


Figure 35: 2021 Fayette County Public survey results – child health challenges

QUALITY OF LIFE INDICATORS

Survey respondents were also asked questions related to quality of life in Fayette County. These included questions on community conditions such as safety and resources. As a place to raise children, nearly 63% of respondents believe Fayette County is a good place to raise a family.

Reasons for disagreement with the statement included: lack of things to do for children and adults; low wage jobs/limited future work opportunities; intolerance for differences such as race and sexual orientation/LGBTQIA+ status; drug use in the area; limited options for child care; and more.

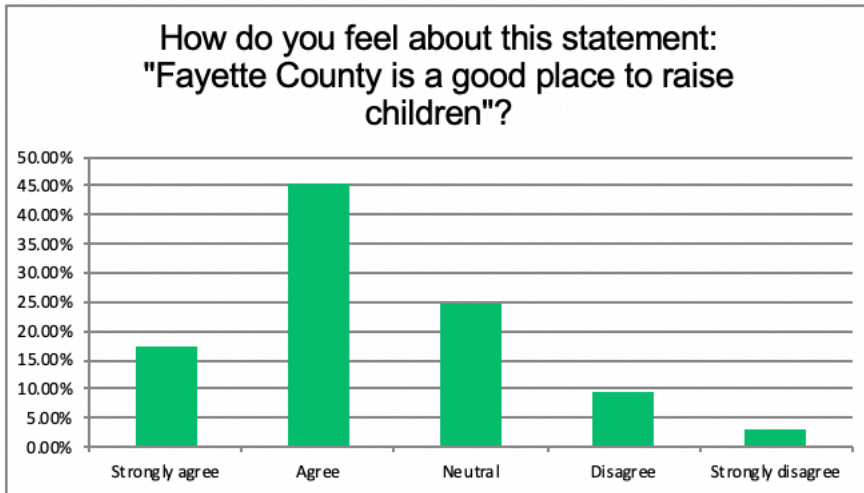
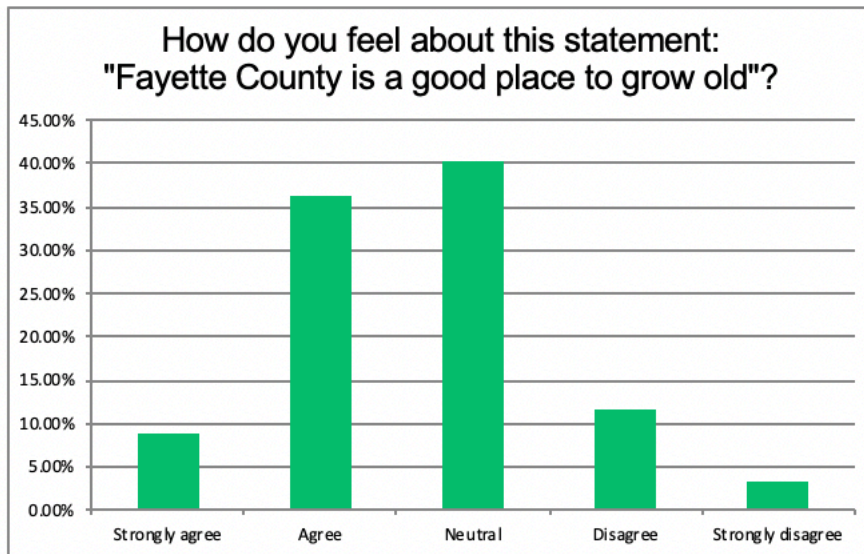


Figure 36: 2024 Fayette County Public survey results – raising children

When it comes to life in Fayette County for seniors, 45% of survey respondents felt that “Fayette County is a good place to grow old,” approximately 14% disagree with the statement, and 40% had no opinion.



Reasons stated for disagreement that the county is a good place to grow old included:

- Limited senior housing opportunities/lack of a 65 and older community
- Cost of living too high for fixed incomes
- More options needed for health care for the elderly/limited home care options
- Transportation services for seniors to get to health care
- Not enough activities for seniors

ECONOMIC OPPORTUNITIES

According to county profile data from the Ohio Department of Development's Office of Research, Fayette County is home to 1,776 private sector employers. Private sector employment provides more than 28,000 jobs in Fayette County, with a weekly wage of \$896. Public sector provides more than 1,200 federal, state and local government jobs in the county.

Source: <https://dam.assets.ohio.gov/image/upload/development.ohio.gov/research/countyrends/2024/fayette.pdf>

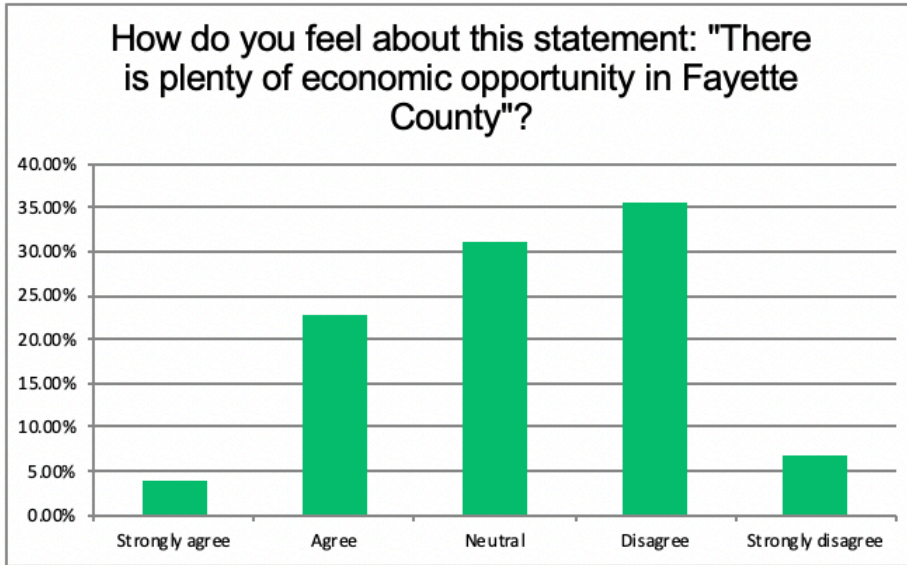


Figure 37: 2024 Fayette County Public survey results – quality of life – economic opportunity

Personal safety plays a significant role in a person's overall health and well-being. More than 69% of respondents agree that Fayette County is a safe place to live, approximately 9% feel the county is not safe, and more than 21% had no opinion.

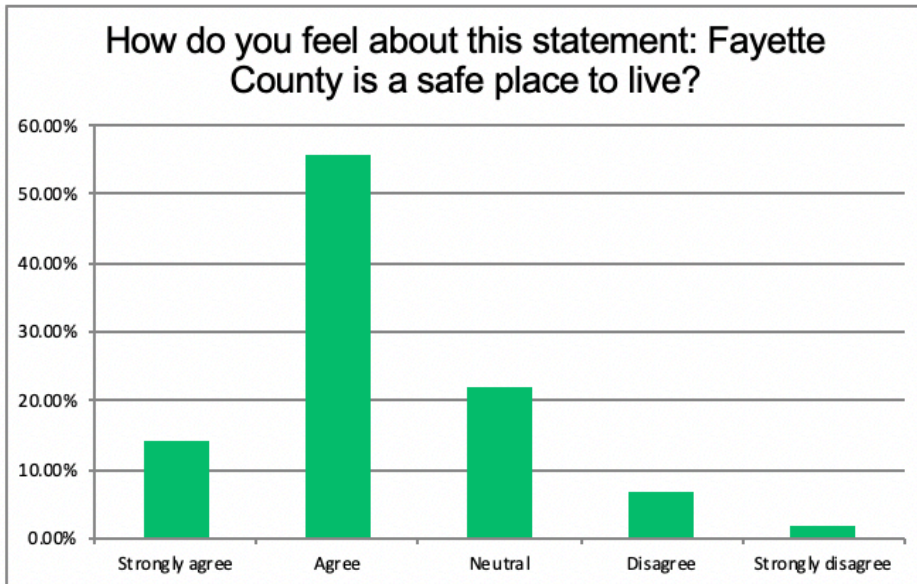


Figure 38: 2024 Fayette County Public survey results – quality of life – safety

During trying times, people rely on the support of close-to-home entities to help meet their immediate needs. More than half of all survey respondents feel Fayette County has a strong system of support for those in need.

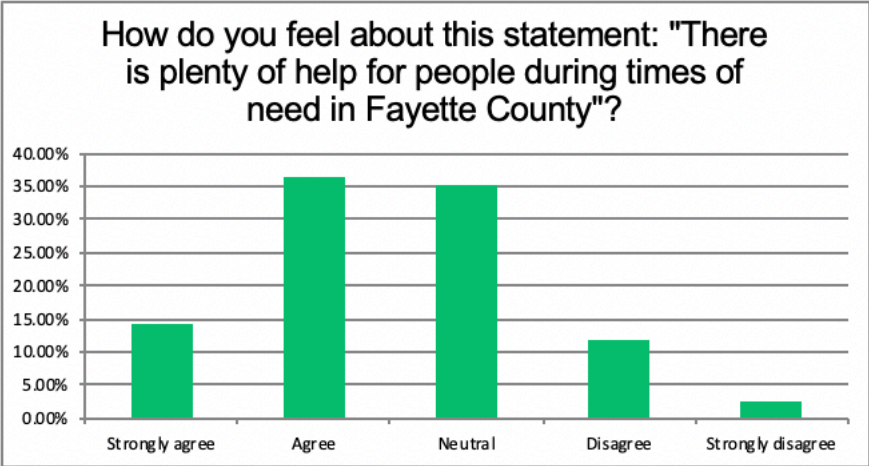


Figure 39: 2024 Fayette County Public survey results – quality of life – community support

Looking at community issues that most affect quality of life, respondents identified the following:

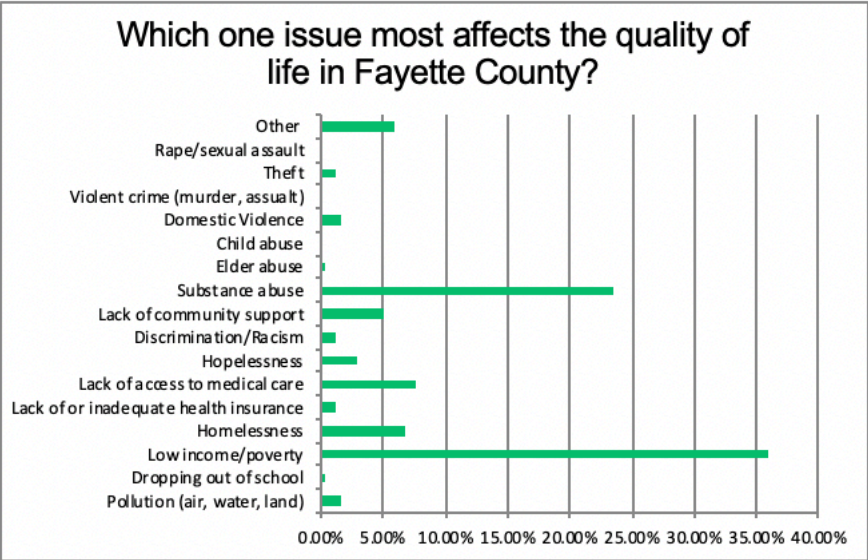


Figure 40: 2024 Fayette County Public survey results – quality of life – Issues

Among those who answered “Other,” respondents cited the following issues not listed above:

- Lack of stable housing
- Substance abuse among the homeless
- Mental health
- Lack of camaraderie among different groups of people
- Need for educational opportunities for students who don't want to go to college
- Bullying in our schools
- Need a good hospital in the county
- Lack of leadership in local government

When looking closer to home, survey respondents identified the one solution they see as needed to most improve their neighborhood or community. These rank as follows:

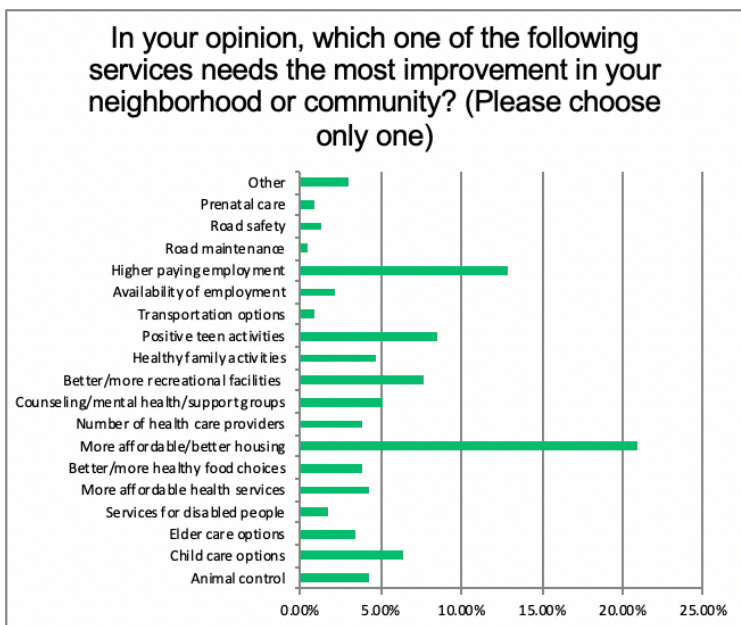


Figure 41: 2024 Fayette County Public survey results – improving neighborhood/community

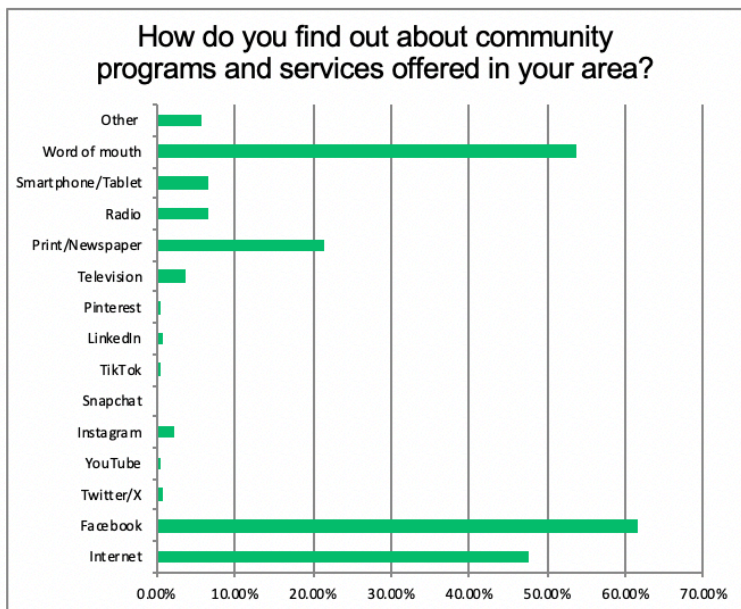


Figure 42: 2024 Fayette County Public survey results - public health information needs

Respondents to the community survey indicated that the Internet, and social media are their preferred methods of receiving news and information about community programs and services. Although the method used most often is word of mouth (53.7%) and Facebook (61.7%).

FUTURE OPPORTUNITIES COMING TO FAYETTE COUNTY

Fayette County has a number of opportunities coming to the region including a new hospital, services, and expansion of manufacturing jobs.

Family Connects

Fayette County was chosen as one of the initial 11 communities served by the new universal nurse home visiting program, Family Connects. This evidence-based program began in 2024 with the goal of serving 4,000 families. Family Connects offers all new families within the geographic areas selected a nurse home visit around three weeks after the family brings their baby home.

Similar programs have a proven track record of reducing infant mortality. In places where these programs have been implemented, rates of child protective services investigations have decreased by 44 percent, and mothers showed a 30 percent drop in postpartum depression and a 50 percent reduction in emergency room visits.

Fayette County Public Health is part of a collaborative including Greene County Public Health, Darke County General Health District, and Sidney-Shelby County Health Department. This collaborative will offer visits to families in Darke, Fayette, Greene, and Shelby counties.

During their hospital stay, families will be offered the opportunity to schedule a visit. For more information on the program, visit familyconnects.org.

Fayette County Public Health is continuing to expand clinical services available to the community and surrounding partners by contracting with various community partners to ensure there are no gaps in patient healthcare.

New hospital construction

In September 2024, plans were announced for a new critical access hospital in Fayette County. Design work that has been ongoing for a new 65,000-square-foot hospital to be located on the site of the present Adena Fayette Medical Center in Washington Court House is nearly complete and Adena Health plans to break ground and begin construction on the two-year building project around mid-year of 2025. Once completed, the new, modern facility will provide several opportunities to further build upon the quality care already provided at Adena Fayette Medical Center.

Several departments will see enhanced services as the result of the new hospital construction, including OB/GYN, surgical services, endoscopy, orthopedics, gastroenterology, and more.

Other benefits will accompany the new hospital, including enhanced patient privacy, convenient parking, additional patient care technology, and availability of an on-site retail pharmacy. The addition of a progressive care unit will provide flexibility in responding to fluctuating patient volumes and care needs, integrating telemetry units into the infrastructure will advance the scope of care, while having a dedicated trauma room will provide immediate, specialized care for critical cases.

The construction of a new hospital will be an asset contributing to the economic growth of the community, as having high-quality health care available for employees is considered one of the key selling points for businesses and industries as they decide where to locate new facilities. In addition, the new hospital will help Adena's ongoing recruitment work to bring even more highly skilled physicians and advanced practice providers to Fayette County and the health system as a whole.

NEW SERVICES TO REGION

Several Fayette County agencies have received grants to provide services/programming in 2025 that will address health and wellness.

High Obesity Program (HOP) - Ohio State University Extension

OSU Extension was awarded a \$2.5 million grant for a 5-year project to improve nutrition and physical activity, to address health disparities related to poor nutrition, physical activity, and obesity. The High Obesity Program (HOP) is a grant-funded program led by Ohio State University Extension that aims to improve nutrition and physical activity in rural Ohio communities. The program is led by Ohio State University Extension, the outreach arm of CFAES.

The project leverages partnerships and proven resources among Extension, Public Health, Produce Perks, and other community-based organizations and coalitions to implement the following obesity prevention strategies:

- *Increase access to healthier food by promoting Ohio's Good Food Here food service and nutrition guidelines, which encourage healthier vending machines, meetings, and concession stand options.*
- *Expand access to and redemption of Produce Perks fruit and vegetable vouchers and Produce Prescriptions.*
- *Increase physical activity by developing policies and plans that support safe and accessible opportunities for active transportation to everyday destinations such as Safe Routes to School, Safe Routes to Healthy Food, and Accessibility Design and Inclusion.*
- *Increase the number of Farm to Early Care and Education programs by implementing policies and activities to support purchasing, serving, and teaching about local foods through gardening and education.*

Y COPE: The YMCA's Community Opioid Prevention and Education Initiative

The Fayette County Family YMCA has been awarded \$180,452 from the OneOhio Recovery Foundation to support a groundbreaking new program, Y COPE: The YMCA's Community Opioid Prevention and Education Initiative.

Through Y COPE, a mobile "Y without walls" will deliver life-changing programs and services to underserved communities across Fayette County. This initiative will focus on opioid prevention, education, and resource connection, ensuring all members of our community—regardless of location—have access to critical support.

What Y COPE Will Do:

- *Provide culturally relevant and age-appropriate education about opioid prevention.*
- *Collaborate with local schools, law enforcement, clinics, counselors, and other community organizations.*
- *Assess community needs and deliver targeted resources directly to areas in need.*
- *Link individuals and families to treatment and recovery resources.*

The grant is part of an inaugural round of funding from the OneOhio Recovery Foundation, which distributed approximately \$51 million to combat the opioid epidemic across Ohio.

Manufacturing expansion (HONDA)

The future of the landscape of Fayette County is changing. LG Energy Solution and Honda Motor Co., Ltd. are currently constructing a plant to produce lithium-ion batteries in the U.S. to power Honda and Acura EV models for the North American market, in Jeffersonville OH. This company will bring an additional 2,200 jobs to the area.

School based health services

In 2024, Adena Health Mobile Clinic expanded school-based health services to Miami Trace Local Schools, providing a variety of services and care to the school community. The Adena Health Mobile Clinic provides primary care services, immunizations, lab testing, sports physicals, and much more. This program will continue in 2025 and the future.

The goal of partnering with schools in the mobile health effort is to keep students healthy and in the classroom, reducing hundreds of missed hours of learning due to illness, chronic health conditions, and time out of the school building for medical appointments. Providing access to care in the school setting has been proven to reduce the number of absences for students – helping to close academic achievement gaps and promote health equity – while also minimizing time away from work for busy parents.

Comments from the public review of survey

“We are desperately lacking resources in our county. I realize the area is not the most attractive market for quality healthcare providers, but perhaps that will change with the upcoming growth. We must focus on more on mental health for our youth. Waitlists and roadblocks abound in this area.”

“The importance of fitness and community specifically for seniors.”

“Health care literacy is lacking”

“Self-harm specifically cutters...we are seeing many youths that have started cutting themselves severely as a coping skill...a bad coping skill but it's all they know.”

“Mental health and obesity are precursors to everything available in these categories. By addressing these we can slow, improve, prevent the rest.”

Figure 43 Comments from public review of survey.

SUMMARY OF KEY FINDINGS

While most of the data continues to be consistent with the 2021 assessment and plan, several changes were noted. First, the population of Fayette County continues to decline. The rates of poverty and unemployment have continued to improve. However, more than 50% of families in Fayette County still earn less than \$50,000 per year. Teen pregnancies continue to remain higher than the state average. The numbers of those reporting experiencing some mental health or substance use/abuse issue is also higher than other counties in Ohio.

The Fayette County Community Health Alliance will select priorities from the survey and public comments. Subcommittees will be formed to focus on efforts toward progress within each of the areas. Each subcommittee will include a member from Fayette County Public Health and Adena Health who will guide, monitor, and assist in the development of the strategies necessary to measure performance of the priorities. The specific goals and objectives developed around each priority, as well as the progress made to date in each will be included. The following are the priority areas from Fayette County's 2022 CHIP (Figure 6). The Community Health Alliance will amend the priorities and goals as needed using the results of this assessment. The initial assessment results from the 2024 CHA were shared with community members, who were asked to prioritize the top challenges, concerns, or topics in each category

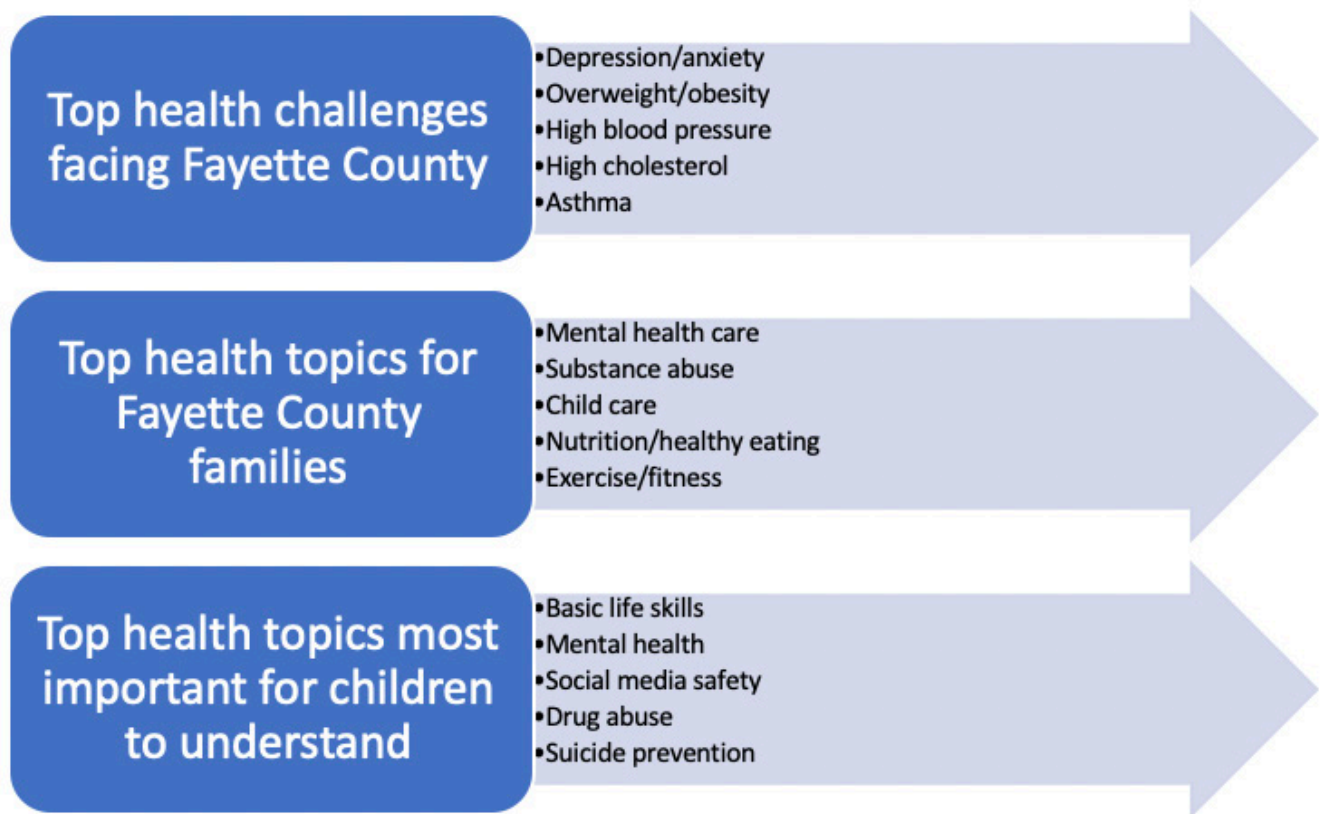


Figure 44 Public review of health priorities

CONCLUSIONS AND NEXT STEPS

As we deepen our focus on the health outcomes and factors in Fayette County, and to have impact in the community, collaboration will be necessary around top health issues. Data from this assessment will be useful for the community as they develop and plan the infrastructure that drives positive health outcomes.

Next steps for the Fayette County Community Health Alliance will be to utilize this assessment to develop an updated Community Health Improvement Plan (CHIP). Following the MAPP process, data will be further analyzed and prioritized. Metric-driven goals can then be developed to further efforts to improve priority health issues.

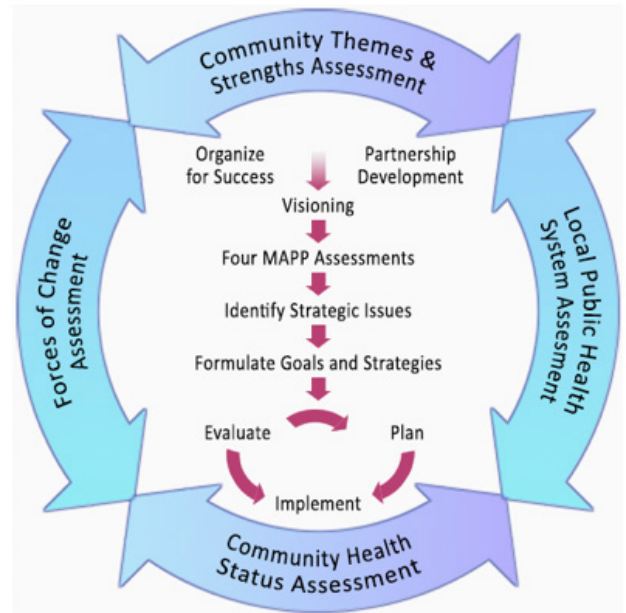


Figure 45 CHIP planning process using MAPP



APPENDICES

Survey questions from public survey

- Q1. In which Fayette County census track do you live? Please View the map above to assist in your answer.
- Q2. How old are you?
- Q3. With what race or ethnicity do you identify?
- Q4. What is your gender?
- Q5. How do you identify?
- Q6. What is the highest level of school, college or vocational training that you have finished?
- Q7. What was your total household income last year, before taxes?
- Q8. Are you a veteran?
- Q9. What types of veteran services do you receive? (Select all that apply)
- Q10. Do you have any disabilities?
- Q11. Do you receive disability services from the following: (Select all that apply)
- Q12. Are you a senior citizen?
- Q13. Do you use any of the following senior citizen services? (Select all that apply)
- Q14. Are you currently pregnant?
- Q15. Where do you go for pregnancy services?
- Q16. Where will you go to give birth?
- Q17. Which maternal services are you familiar with? (Select all that apply)
- Q18. Do you have any children in your home under the age of 18?
- Q19. Please tell us about your housing situation. Do you:
- Q20. How much do you pay per month for your housing?
- Q21. How long have you lived in your current housing?
- Q22. Do you struggle to pay for your housing?
- Q23. How many people live in your home?
- Q24. Do you currently care for a member of your extended family (grandchild, niece, nephew, sibling, or parent)?
- Q25. How do you feel about this statement: "There is good healthcare in Fayette County"? Consider the cost and quality, number of options, and availability of healthcare in the county.
- Q26. How do you feel about this statement: "Fayette County is a good place to raise children"? Consider the quality and safety of school and child care programs, after school programs, and places to play in this county.
- Q27. If you do not consider Fayette County a good place to raise children, could you explain why?

APPENDICES

- Q28. How do you feel about this statement: "Fayette County is a good place to grow old"? Consider the county's elder-friendly housing, transportation to medical services, recreation, and services for the elderly?
- Q29. If you do not consider Fayette County a good place to grow old, please explain why.
- Q30. How do you feel about this statement: "There is plenty of economic opportunity in Fayette County"? Consider the number of quality job, job training/higher education opportunities, and availability of affordable housing in the county.
- Q31. How do you feel about this statement: "Fayette County is a safe place to live? Consider how safe you feel at home, in the workplace, in schools, at playgrounds, parks, and shopping centers in the county.
- Q32. Do you attend church/Bible study, Clubs (lodges, retirement groups, volunteer organizations) or social clubs?
- Q33. How do you feel about this statement: "There is plenty of help for people during times of need in Fayette County"? Consider the support in this county: neighbors, support groups, faith community outreach, community organizations, and emergency monetary assistance.
- Q34. Please look at this list of community issues. In your opinion, which one issue most affects the quality of life in Fayette County? (Please choose only one)
- Q35. In your opinion, which one of the following services needs the most improvement in your neighborhood or community? (Please choose only one)
- Q36. In your opinion, which health behaviors do people in your own community need more information about? (Please choose your top 3)
- Q37. What health topic(s)/disease(s) would you like to learn more about? (Check all that apply)
- Q38. Which of the following health topics do you think children need more information about? (Check all that apply)
- Q39. Would you say in general your health is... (Choose only one)
- Q40. Have you ever been told by a doctor, nurse, or other health professional that you have any of the health conditions listed below? (Check all that apply)
- Q41. Have you ever been told you have cancer?
- Q42. If you answered yes, what kind of cancer?
- Q43. Are you being treated for cancer now?
- Q44. What was the most difficult part of your cancer diagnosis?
- Q45. How could it have been better?
- Q46. Where did you go to receive your cancer treatment? (Select all that apply)
- Q47. Did you have a cancer support group available to you after being diagnosed?
- Q48. Has anyone in your immediate family (mother, father, sister, brother) had cancer?
- Q49. Have you had any of the following cancer screenings within the last year? (Check all that apply)

APPENDICES

- Q50. If you have not had routine screening done within the last year, please indicate why. (Select all that apply)
- Q51. During a normal week, other than in your regular job, do you engage in any physical activity or exercise?
- Q52. Where do you go to exercise or engage in physical activity? (Check all that apply)
- Q53. If you do not exercise for at least a half hour during a normal week, can you indicate why not? (Select as many reasons as you need)
- Q54. Not counting lettuce salad or potato products, think about how often you eat fruits and vegetables each day. On average, how many servings of fruits and vegetables would you say you eat in a day? (One apple or 12 baby carrots equal one serving)
- Q55. Do you currently smoke, vape or dip snuff? (Select all that apply)
- Q56. Do you ever drink alcohol? If yes, How much do you consume each time you drink?
- Q57. Have you ever experienced any of the following? (Select all that apply)
- Q58. How often do you use these substances?
- Q59. Have you ever received treatment for substance abuse (alcohol or drugs)?
- Q60. Do you have the following? Check all that apply
- Q61. Have you visited any of the following in the last year? (Please select all that apply)
- Q62. Which of these problems most often prevents you or your family member from getting needed health care? (Select all that apply)
- Q63. Have you ever thought about committing suicide?
- Q64. Have you ever attempted suicide?
- Q65. If you have not visited the dentist within the last year, please indicate why. (Select all that apply)
- Q66. Now think about how and where you get most of your food. Please select the food source you use most often (Select only one)
- Q67. If you, a friend or a family member needed counseling for a mental health or drug/alcohol abuse problem, who is the first person or organization you would talk to or tell them to talk to? (Please choose only one)
- Q68. What would you like to see in Fayette County to help the community with health?
- Q69. How do you find out about community programs and services offered in your area?
- Q70. What type of transportation do you use?
- Q71. Who referred you to this survey?

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